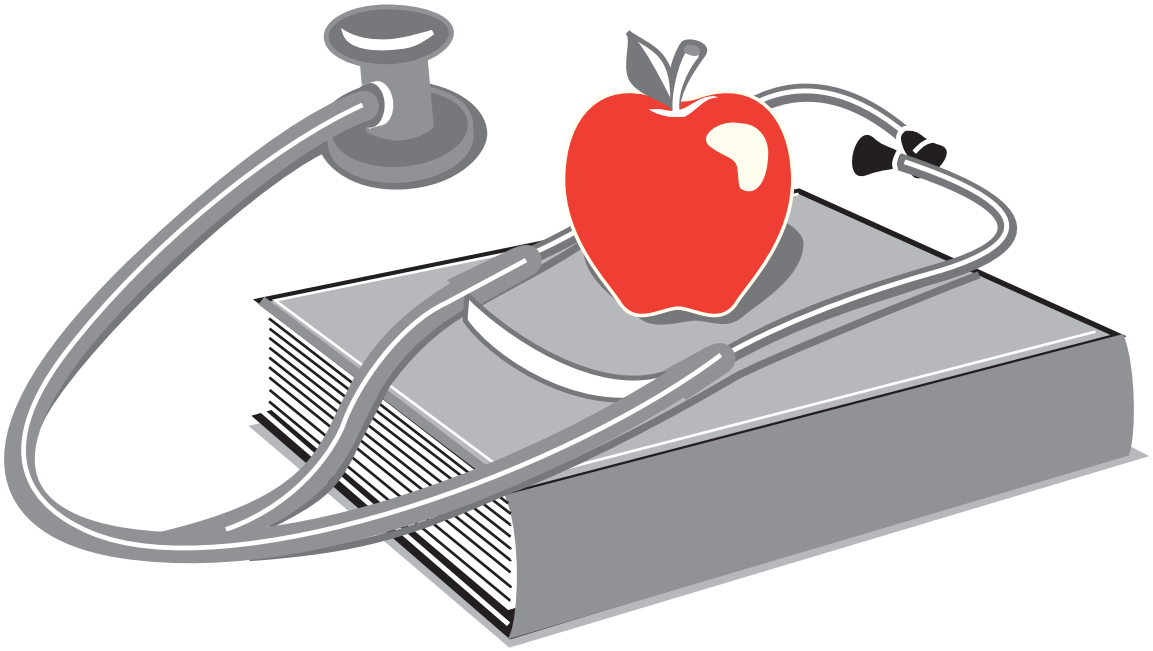
Manual for the Training of Public School Employees In the Administration of Medication



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Virginia Department of Education
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Office of Special Education and Student Services

Manual for the Training of Public School Employees in the Administration of Medication

A manual to be used by a registered professional school nurse for teaching unlicensed assistive personnel—health assistants, instructional assistants, secretaries, teachers, and principal's designee—in administering medication to students in Virginia public schools.

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A resource document of this type cannot be put together without the help and support of many people. Special thanks are extended to members of the Medication Manual Review Team, who helped—by providing expert advice and adept review—to develop this manual.

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Preface

Purpose

The purpose of this manual is to provide guidelines on teaching school personnel basic knowledge and skills for administering medication at school.

Teacher. The role of the teacher of these guidelines is that of a facilitator of learning. The critical element in performing this role is the personal relationship between the facilitator and the learner, which is dependent on the facilitator's possessing three attitudinal qualities: (1) realness or genuineness; (2) nonpossessive caring, prizing, trust, and respect; and (3) empathic understanding and sensible and accurate listening.[1]

Goals. The goals of the training are that the learner can (1) safely and accurately administer selected medication, (2) accurately and appropriately document medication administration; and (3) safely and appropriately store medication.

Resource Document. This manual is a resource document that contains basic information, guidelines, and recommendations for school divisions to use in teaching persons to administer medication to students in accordance with *Code of Virginia*, Chapter 881, § 54.1-3408, relating to professional use of prescriptions—which was amended and approved by the 2000 General Assembly.

Authorization. The Virginia General Assembly in its session this year (2000) amended the Drug Control Act of the *Code of Virginia* to require school boards to provide training to school personnel designated to administer medication during school hours. Excerpt:

> Chapter 881, *Code of Virginia*, §54.1-3408, A.
> In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

Who Should Use This Manual

Use of Manual. The guidelines contained within this manual should be used by the registered professional nurse for teaching unlicensed assistive personnel—health

[1] Knowles, M. S., Holton, E.F., Swanson. (1998). *The Adult Learner* (pp. 84-85). Houston, Tex.: Gulf Publishing Company.

assistants, instructional assistants, secretaries, teachers, and principal's designee—in administering medication to students in Virginia public schools. In addition, the registered nurse trainer must have knowledge of the principles of adult learning.

School Divisions. School divisions may use part or all of this manual for developing a medication administration training program in accordance with Chapter 881, § 54.1-3408 of the *Code of Virginia*, Section 54.1-3408.

What This Manual Includes

This manual includes the following information for the registered professional school nurse in developing, implementing, and evaluating a training program on administering medication to students by unlicensed assistive personnel. The manual is organized by the following three sections.

1. **Pre-Training Information:** Provides background information necessary for developing a training program, including a summary of adult leaning principles; related state laws, policies, and guidelines; a synopsis of the training plan, including purpose, goal, objectives, and resources; and personnel competencies of both the trainer and trainee.

2. **Training Program:** Provides a step-by-step approach for conducting a training session, including authorizations—related laws, policies, and guidelines; an overview of drugs and other substances that are used as medicine; techniques for maintaining a clean working environment; procedures for preparing and giving medication and monitoring individual responsiveness; addressing medication incidents; storing, monitoring, and disposing of medication inventory; documenting medication administration; and ensuring confidentiality.

3. **Post-Training Information:** Provides information on training follow-up activities, including appropriate supervision of the trainee and implementing annual and six-month post-training reviews.

Important Information

This is a guide only. Do not accept any portion of this model as local policy until careful consideration has been given to its content. It is always prudent to have proposed local policies and regulations reviewed by legal council.

Although these guidelines reflect the most up-to-date information at the time of publication, users of this manual are advised to confirm federal, state, and local laws, regulations, and policies when using this document to plan, implement, and evaluate school health programs.

Table of Contents

Chapter 1
Pre-Training Information

Background

Students Receiving Medication in School. More students with special health care needs and chronic conditions—such as asthma, juvenile rheumatoid arthritis, cystic fibrosis, hemophilia, diabetes, spina bifida, muscular dystrophy, and attention deficit disorder—are entering schools daily. According to the National Association of School Nurses:[2]

- There has been a steady increase in the number of students in special education or with chronic health conditions in recent years.
- Neonatology is saving infants who one or two decades ago would not have survived. Some of these children may manifest mild to severe disability as they mature.
- Substance use and abuse during pregnancy have increased the number of drug-exposed infants born with congenital anomalies and/or subsequent developmental problems.
- New immigrants arrive in the United States with previously undiagnosed, and therefore, unmet health needs.
- The range of conditions among students in schools may vary from mildly disabling conditions to medically fragile students.

In addition to students with special health care needs and chronic illnesses, schools must deal with students who suffer from substance abuse, communicable diseases, physical and sexual abuse, eating disorders, grief and depression, teen pregnancy, sexually transmitted diseases such as HIV and AIDS, and violence. Such physical, mental, and emotional health conditions cause students to miss school, lack energy, be distracted, or have significant problems that may impair their and other students' ability to learn and the school's ability to provide a safe and stable learning environment.

[2] Proctor, S. T. with Lordi, S. L. and Zaiger, D. S. (1993). *School Nursing Practice: Roles and Standards* (p. 28). Scarborough, Maine: National Association of School Nurses.

Parents have the primary responsibility to assure the health and well-being of their children, even though children spend much of their day in schools. Since healthy students make better students, schools need to promote the health of every child in order to raise educational achievement. Schools can play an important role in helping parents assure the health and well-being of their children. For example, in order for learning to take place, many students require school nursing services. These services include implementing strategies that promote student health and safety, including *safe administration of medication*—either routinely or episodically—to prevent, diagnosis, cure, or relieve signs and symptoms of disease.

Administration of Medication in School. Administration o f medication in schools is defined as preparing, giving, and evaluating the effectiveness of prescription and nonprescription drugs.[3] The issue of administering medication, both prescription and nonprescription medicines, during the school day is complex. Policies and procedures that provide for the appropriate delivery of the medication, monitoring for compliance and effectiveness, and protecting the safety of others in the school community must be developed, implemented, and evaluated.

Administering the correct dosage of a drug is a shared responsibility between the practitioner who orders the drug and the person who carries out the order. Children react with unexpected severity to some drugs, and ill children may be especially sensitive to drugs.

In addition, administering some medication may require added safeguards. Even when it has been determined that the dosage is correct for a particular child, many drugs are potentially hazardous or lethal. For example, most hospital units or other facilities where medications are given to children have regulations requiring that specified drugs must be double-checked by another nurse before they are given to a child. Among those drugs that require such safeguards are digoxin, heparin, chemotherpy drugs, insulin, and epinephrine. [4] It is possible that such drugs may need to be administered to students during school hours.

Preparation for Safe Administration. Preparation for the safe administration of medication to students includes ensuring that school personnel who will be administering medication are appropriately trained. Such personnel must have a basic understanding of medication administration, including the safe dosage of medication they administer to students, as well as the anticipated actions, possible side effects, and signs of toxicity. In addition, these staff members must be able to demonstrate the ability to:

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[3] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1002). St. Louis, Mo.: Mosby-Year Book, Inc.

[4] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (pp. 1260-1261). St. Louis, Mo.: Mosby, Inc.

- Administer the right medication to the right student, at the right time, in the right dose, and by the right route.

- Document the administration of medication accurately and appropriately.

- Store the medication safely and appropriately.

Types of Medication Administered in School. In Virginia, many school staff members other than school nurses—health assistants, instructional assistants, secretaries, teachers, and principal's designee—are responsible for administering medication to students. Some of the medications that are used in school include but are not limited to the following:

- Drugs for pain, fever, and inflammation.

- Prescription drugs for infection.

- Drugs for asthma and other respiratory illnesses.

- Antihistamines and other drugs for upper respiratory infection.

- Prescription and nonprescription drugs for headaches.

- Behavioral drugs.

- Anticonvulsive drugs.

- Drugs for gastrointestinal disorders.

- Drugs for medical emergencies that may arise and which require assessment before administration of the medicine.

Route of Administration. Medications are introduced into the body by a variety of routes. Some medications can be given by only one route because absorption or maximum effectiveness occurs by that route only or because the specific substance is toxic or damaging when given by another route.[56]

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[5] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p, 1437). St. Louis, Mo.: Mosby-Year Book, Inc.

[6] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 861). St. Louis, Mo.: Mosby-Year Book, Inc.

Training Manual. This manual includes guidelines to be used by a registered professional school nurse for teaching unlicensed assistive personnel—health assistants, instructional assistants, secretaries, teachers, and principal's designee—in administering medication to students in Virginia public schools.

Adult Learning Principles

Part of being an effective instructor involves understanding how adults learn best. In 1970, *The Modern Practice of Adult Education,* Knowles defined andragogy as "an emerging technology for adult learning." His four-andragogical assumptions are that adult learners:

1. Move from dependency to self-directedness.
2. Draw upon their reservoir of experience for learning.
3. Are ready to learn when they assume new roles.
4. Want to solve problems and apply new knowledge immediately.

Accordingly, Knowles suggested that adult educators should:

- Set a cooperative learning climate.
- Create mechanisms for mutual planning.
- Arrange for a diagnosis of learner needs and interests.
- Enable the formulation of learning objectives based on the diagnosed needs and interests.
- Assign sequential activities for achieving the objectives.
- Execute the design by selecting methods, materials, and resources.
- Evaluate the quality of the learning experience while rediagnosing needs for further learning.[7]

Andragogy's core adult learning principles, which are listed in Table 1, take the learner seriously. They go beyond basic respect for the learner and view the adult learner as a primary source of data for making sound decisions regarding the learning process. [8]

When training school staff members to administer medication, the registered professional nurse is encouraged to incorporate the principles of adult learning to ensure quality training. Instructors are encouraged to use the four phases of adult learning listed in Table 2 as the framework for planning adult learning activities. Furthermore, instructors are encouraged to acknowledge and use theory and best practices to design sound learning programs that facilitate the complex subject of *learning*— "the act or process by which behavioral change, knowledge, skills, and attitudes are acquired.[9]

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[7] WWW: http://adulted.about.com/education/adulted/library/weekly/aa080899.htm.

[8] Knowles, M. S., Holton, E.F., Swanson. (1998). *The Adult Learner* (pp. 182-183). Houston, Tex.: Gulf Publishing Company.

[9] Definition of "learning" from Boyd, R.D., Apps, J.W. and Associates. (1980). *Redefining the Discipline of Adult Education* (pp. 100-101). San Francisco: Jossey-Bass.

Table 1. Andragogy Core Adult Learning Principles

1. Learners Need to Know
   - Why
   - What
   - How
2. Self-Concept of the Learner
   - Autonomous
   - Self-directing
3. Prior Experience of the Learner
   - Resource
   - Mental models
4. Readiness to Learn
   - Life related
   - Developmental task
5. Orientation to Learning
   - Problem centered
   - Contextual
6. Motivation to Learn
   - Intrinsic value
   - Personal payoff

Source: Knowles, M. S., Holton, E.F., Swanson. (1998). *The Adult Learner* (p. 182). Houston, Tex.: Gulf Publishing Company.

Table 2. Theoretical Foundation of Adult Learning

Phase	Sound Practice
Need	Engage learners in this phase to gain higher motivation. Do not expect self-reported needs to be accurate for either the individual or the organization.
Create	Engage learners in this phase to gain higher validity in selected learning strategies.
Implement	Engage learners in this phase to better mediate the actual learning.
Evaluate	Engage learners in this phase to gain higher self-reflection and integration of the knowledge and expertise being sought.

Source: Knowles, M. S., Holton, E.F., Swanson. (1998). *The Adult Learner* (p. 131).Houston, Tex.: Gulf Publishing Company.

Chapter 2
Training Program

I. Introduce Course

A. Introduction

1. Whenever possible, medication should be administered at home, before and after school. However, there are cases where a student's health could be compromised by not receiving medication during school hours.

2. Unlicensed school personnel who are expected to assist students receiving medication at school must have training regarding state and local school division policy and procedures for administering medication.

3. A registered school nurse must train unlicensed school personnel to administer medication at school. The following training program meets the requirements of *Code of Virginia* §54.1-3408 for administering medication in Virginia Public Schools.

B. Purpose: The purpose of this course is to teach basic knowledge and skills for administering medication at school.

C. Goals: The goals of this course are:

1. Safe and accurate administration of selected medication.[10]

2. Accurate and appropriate documentation of medication administered.

3. Safe and appropriate storage of medication at school.

D. Learning Objectives: At the completion of this course, participants will be able to:

1. Locate federal and state laws that authorize medication possession and administration to students by unlicensed assistive personnel.

2. Describe the general pharmaceutical principles of drugs and selected terms.

[10] Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.1). Des Moines, Iowa: Author.

3. Demonstrate how to maintain aseptic conditions involved in medication administration, including implementing standard (universal) precautions and correct hand-washing techniques.

4. Describe the general procedures for administering medication.

5. Demonstrate the following route-specific medication administration procedures.

    a. Oral, including enzyme replacement
    b. Eye, including drops and ointment
    c. Ear
    d. Nose, including drops and sprays
    e. Inhaled
    f. Skin
    g. Rectal
    h. Injectable medications

6. List, define, record, and report the "five rights" of medication administration.
    a. Right student
    b. Right time
    c. Right medication
    d. Right dose
    e. Right route

7. Demonstrate appropriate actions if unusual circumstances occur following medication administration, including emergency protocols for medication-related reactions.

8. Describe the procedure to follow if an error or omission of medication administration occurs.

9. Describe how to safely store medication, including container, temperature, and storage locations.

II. Conduct Pre-Test

A. See "Medication Administration Test: Administering Medication to Students in Virginia Public Schools" in Appendix A.[11]

B. See "Test Key" in Appendix A.

[11] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide*. Des Moines, Iowa: Author.

III. Review Authorizations

The Virginia General Assembly in its session this year (2000) amended the Drug Control Act of the *Code of Virginia* to require school boards to provide training to school personnel designated to administer medication during school hours.

A. Code of Virginia

1. Drug Control Act §54.1-3408. (Excerpt: See Appendix B.)

2. Assisting Students Diagnosed with Diabetes at School §§8.01-225, A.9, 22.1-274: D, E, 54.1-2901:26 54.1-3001:9, 54.1-3005:14, 54.1-3408. (Excerpts: See Appendix B)

3. Possession and Self-administration of Inhaled Medication by Students Diagnosed with Asthma §§22.1-274.2, 8.01-226.5:1. (Excerpts: See Appendix B.)

B. State Policies: Virginia Department of Education and Virginia Department of Health—Recommended Guidelines.

1. *Guidelines for Specialized Health Care Procedures*[12]

2. *Virginia School Health Guidelines*[13]
Online: http://www.vahealth.org/schoolhealth/onlinepubs.htm

3. *First Aid Guide for School Emergencies*[14]
Online: http://www.vahealth.org/schoolhealth/onlinepubs.htm

4. *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*[15]

C. School Division Policy: Policies and procedures for the administration of medication in Virginia schools vary from one school division to another.

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[12] Keen, T.P. (Ed.) (1996). *Guidelines for Specialized Health Care Procedures*. Richmond, Va.: Virginia Department of Health.

[13] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines*. Richmond, Va.: Virginia Department of Health.

[14] Tarr, J. (Dev.) with Ford, N., Henry, J., and Cox, A. (1998). *First Aid Guide for School Emergencies*. Richmond, Va.: Virginia Department of Health.

[15] Virginia Department of Education (1999). *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*. Richmond, Va.: Author.

IV. Explain Medical Terminology and Abbreviations

A. Common Medical Abbreviations[16]

1. It is recommended that persons who administer medication have their own copy of appropriate abbreviations for reference.

2. Abbreviations in common use can vary widely from place to place. Each institution's list of acceptable abbreviations is the best authority for its records.

Abbreviations	**Medical Term**
a	before
bid, b.i.d.	twice a day
BM	bowel movement
BP	blood pressure
c	with
cath.	catheter
cm	centimeter
d	day
dc, DC, D/C	discontinue
dil	dilute
DNR	do not resuscitate
DOB	date of birth
dr	dram
Dx	diagnosis
ENT	ear, nose throat
ER	emergency room (hospital)
F	Fahrenheit
FH, Fhx	family histroy
FL, fld	fluid
ft.	foot
fx	fracture

[16] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1767-1771). St. Louis, Mo.: Mosby-Year Book, Inc.

Gm; g; gm----------gram
gr ----------grain
gt ----------drop
gtt----------drops

Hb; Hgb ----------hemoglobin
HCT----------hematocrit
HEENT----------head, eye, ear, nose, and throat
Hgb----------hemoglobin
h/o----------history of
H_20 ----------water
HR----------heart rate
hx, Hx----------history

i----------one (1)
I & O----------intake and output
IM ----------Intramuscular
inj----------injection
IV----------Intravenous

Kg ----------kilogram
km----------kilometer

lab ----------laboratory
lat. ----------lateral
lb ----------pound
LMP----------last menstrual period
LOC----------level/loss of consciousness

m ----------meter
mcg----------microgram
MDI----------Medium dose inhalants; metered-dose inhaler
MEq----------Millliequivalent
mg----------milligram
µEq----------microequivalent
mEq/L ----------milliequivalent per liter
ml----------milliliter

N/A----------not applicable
N & V, N/V ----------nausea and vomiting
NG, ng----------nasogastric
NKA ----------no known allergies
N.O. ----------nursing order
NPO; n.p.o. ----------nothing by mouth
NS----------normal saline

O_2----------oxygen; both eyes
OB----------obstetrics
OD ----------right eye; optical density; overdose
OS----------left eye
OT----------occupational therapy
OTC----------over-the-counter (a drug that can be obtained without a prescription)
OU ----------each eye
oz----------ounce

P ----------pulse; pupil; phosphorus
p ----------after
PE ----------physical examination
Pharm; Phar. ----------pharmacy
PMH ----------past medical history
PO; p.o.----------orally
PRN, p.r.n. ----------as required
PT ----------physical therapy
pt ----------pint

q ----------every
q.i.d.----------four times a day
q.o.d. ----------every other day
qt ----------quart

R----------respiration; right; roentgen
R_x----------take
RE----------right eye
R/O----------rule out
ROM----------range of motion, right otitis media
ROS----------review of symptoms
R/T ----------related to

s----------without
SLP----------speech-language pathology
SOB----------shortness of breath
sol ----------solution, dissolved
s/s----------signs and symptoms
stat----------immediately
Sx----------symptoms

T ----------temperature; thoracic
t----------temporal
Tab ----------tablet
TPR ----------temperature, pulse, and respiration
t.i.d. ----------three times a day

Tx ----------treatment

VA ----------visual acuity
vol----------volume
VA, v.s.----------vital signs

WD----------well developed
WBC; wbc ----------white blood cell; white blood count

y, yr ----------year
yo----------years old

B. Common Abbreviations Used in Writing Prescriptions[17]

a.c.----------before meals
agit. ante----------shake before taking
alt. hor. ----------alternate hours
aq. ----------water
aq. dest.----------distilled water
b.i.d.----------two time a day
c.----------with
Cap. ----------let him take
Caps. ----------Capsule
Comp.----------Compound
Dieb. tert.----------every third day
dil.----------dilute
elix. ----------elixir (a clear liquid containing water, alcohol, sweeteners, or flavors, used primarily as a vehicle for the oral administration of a drug[18])
ext. ----------extract
fld.----------fluid
g ----------gram
gr ----------grain
gt ----------a drop
gtt----------drops
h. ----------hour
h.d. ----------at bedtime
h.s.----------hour of sleep (bedtime)
M ----------mix
mist.----------mixture

[17] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1772). St. Louis, Mo.: Mosby-Year Book, Inc.

[18] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 548). St. Louis, Mo.: Mosby-Year Book, Inc.

non rep. ----------not to be repeated
noct. ----------in the night
O----------pint
ol.----------oil
o.d. ----------every day
o.h. ----------every hour
o.m. ----------every morning
o.n. ----------every night
os ----------mouth
oz ----------ounce
p.c. ----------after meals
per ----------through or by
pil. ----------pill
p.o. ----------orally
p.r.n. ----------when required
q ----------every
q.d. ----------every day
q.h. ----------every hour
q. 2 h. ----------every two hours
q. 3 h. ----------every three hours
q. 4 h. ----------every four hours
q.i.d.----------four times a day
q.n. ----------every night
R_x----------take
Rep. ----------let it be repeated
s----------without
Sig. or S.----------write on label
s.o.s.----------if necessary
sp. ----------spirits
ss ----------a half
stat. ----------immediately
syr. ----------syrup
t.i.d. ----------to be taken three times daily
t.i.n. ----------three times a night
tr. or tinct. ----------tincture
ung. ----------ointment
ut. dict.----------as directed

C. Table of Equivalents[19]

Metric System Equivalents

Metric Weight

1 kilogram	=	1,000 grams (g or gm)
1 gram	=	1,000 milligrams (mg)
1 milligram	=	1,000 micrograms (µg or mcg)

Metric Volume

1 liter (l or L)	=	1,000 milliliters (ml)
1 milliliter	=	1,000 microliters (µl)

Household		**Metric**
1 teaspoon (tsp.)	=	5 ml*
1 tablespoon (T or tbs.)	=	15 ml
2 tablespoons	=	30 ml
1 measuring cupful	=	240 ml
1 pint (pt)	=	473 ml
1 quart (qt)	=	946 ml
1 gallon (gal)	=	3,785 ml

*1 ml = 1 cubic centimeter (cc); however, ml is the preferred measurement term today.

Temperature Conversions

To *convert centigrade or Celsius degrees to Fahrenheit degrees*:
Multiply the number of centigrade degrees by 9/5 and add 32 to the result.
To *convert Fahrenheit degrees to centigrade degrees*:
Subtract 32 from the number of Fahrenheit degrees and multiply the difference by 5/9.

Fahrenheit Degrees	**Centigrade Degrees**
104.0	40.0
103.0	39.0
102.0	38.9
101.0	38.3
100.0	37.8
99.0	37.2
98.6	37.0
98.0	36.7

Weight Conversions

1 oz	=	30 g
1 lb.	=	453.6 g
2.2 lb.	=	2.2 lb. = 1 kg

Note:

milliliters are fluid (liquid)

1 tablespoon	=	½ fluid oz
2 tablespoons	=	1 fluid oz
30 ml	=	1 fluid oz

milligrams and grams are solids

30 g	=	1 oz

[19] Nursing85 Books™ (1995). *Nursing 95 Drug Handbook* . Springhouse, Pa.:Springhouse Corporation.

V. Present an Overview of Medication

A. Definition: Substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease.

B. Sources: plant, animal, mineral, and synthetic.

C. Action

1. Local: Act mainly at site of application.

2. Systemic: Absorbed into the bloodstream and circulated to various parts of the body.

3. Variables That Affect Actions
   a. Dose
   b. Route of administration
   c. Drug-diet interactions
   d. Drug-drug interactions
   e. Age
   f. Body weight
   g. Sex
   h. Pathological conditions
   i. Psychological considerations
   j. Adverse effects—all medicines are capable of producing undesired responses from rare, mild, and localized, to widespread, severe, and life threatening, depending on the medicine and the person receiving it.

D. System of Naming: Classified and grouped according to the effect on a particular body system, therapeutic use and chemical characteristics.

1. Generic
   a. Related to chemical or official name.
   b. Brand or trade name: designated and patented by the manufacturer.

2. Sources of medication information.
   a. Pharmacology textbooks
   b. Drug reference books
   c. Journal articles

3. Classification of Drugs
   a. Prescription
      1) "Prescription drug" means any drug required by federal law or regulation to be dispensed only pursuant to a prescription, including finished dosage forms and active ingredients subject to § 503 (b) of the federal Food, Drug, and Cosmetic Act. [20]
      2) "Controlled substance" means a drug, substance, or immediate precursor in Schedules I through VI of the Code of Virginia, Drug Control Act (§ 54.1-3400. Citation). The term does not include distilled spirits, wine, malt beverages, or tobacco as those terms are defined or used in Title 3.1 or Title 4.1. [21]
   b. Over the Counter (OTC)
      Drugs that are available to a consumer without a prescription[22] (e.g., first aid creams, analgesics and antacids.)

4. Schedules I through VI of the *Code of Virginia*, Drug Control Act.
   a. Six schedules of drug and drug products under the jurisdiction of the Controlled Substances Act. Some examples are listed. Listings are subject to change.
   b. For a complete list refer to the *Code of Virginia*, Drug Control Act, contact the Drug Enforcement Administration, or contact pharmacist. On the Web at http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-3400
   c. Controlled substances must be kept in a locked container and the drug amount is documented when received and when it is administered.
   d. Schedules
      1) Schedule I.
         - The substance has high potential for abuse; and has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision[23] (e.g., heroin, marihuana, LSD, MSMA, peyote, mescaline).
         - See *Code of Virginia*, § 54.1-3445. Placement of substance in Schedule I.
         - See *Code of Virginia*, § 54.1-3446. Schedule I.
      2) Schedule II.
         - The substance has high potential for abuse; the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and the abuse of the

[20] *Code of Virginia*, § 54.1-3401. Definitions

[21] *Code of Virginia*, § 54.1-3401. Definitions

[22] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1176). St. Louis, Mo.: Mosby-Year Book, Inc.

[23] *Code of Virginia*, § 54.1-3445. Placement of substance in Schedule I.

substance may lead to severe psychic or physical dependence[24] (e.g., (opium, codeine, Doriden, Demerol, Percodan, Dexedrine, Ritalin).

- ♦ See *Code of Virginia*, § 54.1-3447. Placement of substance in Schedule II.
- ♦ See *Code of Virginia*, § 54.1-3448. Schedule II.

3) Schedule III.
   - ♦ The substance has a potential for abuse less than the substances listed in Schedules I and II; the substance has currently accepted medical use in treatment in the United States; and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.[25]
   - ♦ See *Code of Virginia*, § 54.1-3449. Placement of substance in Schedule III.
   - ♦ See *Code of Virginia*, § 54.1-3450. Schedule III.

4) Schedule IV.
   - ♦ The substance has a low potential for abuse relative to substances in Schedule III; the substance has currently accepted medical use in treatment in the United States; and abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III[26] (e.g., Phenobarbital, Placidyl, Librium, Valium, Tranxene, Darvon, and Talwin-NX).
   - ♦ See *Code of Virginia*, § 54.1-3451. Placement of substance in Schedule IV.
   - ♦ See *Code of Virginia*, § 54.1-3452. Schedule IV.

5) Schedule V.
   - ♦ The substance has low potential for abuse relative to the controlled substances listed in Schedule IV; the substance has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the controlled substances listed in Schedule IV[27] (e.g., Buprenorphine)
   - ♦ See *Code of Virginia*, § 54.1-3453. Placement of substance in Schedule V.
   - ♦ See *Code of Virginia* § 54.1-3454. Schedule V.

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[24] *Code of Virginia*, § 54.1-3447. Placement of substance in Schedule II.

[25] *Code of Virginia*, § 54.1-3449. Placement of substance in Schedule III.

[26] *Code of Virginia*, § 54.1-3451. Placement of substance in Schedule IV.

[27] *Code of Virginia*, § 54.1-3453. Placement of substance in Schedule V.

6) Schedule VI.
   - Any compound, mixture, or preparation containing any stimulant or depressant drug exempted from Schedules III, IV or V and designated by the [Virginia] Board [of Pharmacy] as subject to this section; every drug, not included in Schedules I, II, III, IV or V, or device, which because of its toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts qualified by scientific training and experience to evaluate its safety and efficacy as safe for use except by or under the supervision of a practitioner licensed to prescribe or administer such drug or device; any drug, not included in Schedules I, II, III, IV or V, required by federal law to bear on its label prior to dispensing, at a minimum, the symbol "Rx only," or which bears the legend "Caution: Federal Law Prohibits Dispensing Without Prescription" or "Caution: Federal Law Restricts This Drug To Use By Or On The Order Of A Veterinarian" or any device which bears the legend "Caution: Federal Law Restricts This Device To Sales By Or On The Order Of A _____." (The blank should be completed with the word "Physician," "Dentist," "Veterinarian," or with the professional designation of any other practitioner licensed to use or order such device.)[28]
   - See *Code of Virginia*, § 54.1-3455. Schedule VI.

[28] *Code of Virginia*, § 54.1-3455. Schedule VI.

VI. Define and Describe Medication Terms

Term	Definition and Description[29]
Authorization	Medication instructions by the licensed prescriber and parent consent for the administration of medication.
Administration	Assisting a student in the ingestion, application, inhalation, injection, insertion, or self-management of medication according to the directions of the legal prescriber and/or the parents. A legal prescriber, the prescriber's agent, and persons who have successfully completed a medication administration course reviewed by the board of pharmacy examiners may administer medications. *Code of Virginia*: "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or by his authorized agent and under his direction or (ii) the patient or research subject at the direction and in the presence of the practitioner.[30]
Delegation	The process of assigning tasks to a qualified individual. Effective delegation includes the following guidelines: 1. The defined task is clear and the related authority specified. 2. The task demands do not exceed the individual's job description. 3. The method of supervision is established in advance. Virginia Board of Nursing*: "Delegation"* means the authorization by a registered nurse to an unlicensed person to perform selected nursing tasks and procedures in accordance with 18 VAC 90-20-420 et. seq.[31]

[29] Except where otherwise indicated definitions and descriptions are from Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.3). Des Moines, Iowa: Author.

[30] *Code of Virginia*, § 54.1-3401. Definitions.

[31] Emergency Regulations of the Board of Nursing, 18 VAC 90-20-420. Definitions.

Dispense	Distribution of a prescription drug by a pharmacist, physician, dentist, podiatrist, or other person licensed or registered to distribute prescription medication. *Code of Virginia*: "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery."[32]
Individualized Healthcare Plan	The mechanism to assess, plan, implement, document and evaluate health care delivered to an individual student at school.
Legal Prescriber	Physician, dentist, podiatrist, physician's assistant, advanced registered nurse practitioner, and other health care providers legally authorized to prescribe medications. *Code of Virginia*: "Prescriber" means a practitioner who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription.[33]
Long-term Medication	Preparations utilized for the treatment of chronic illness Including both daily and as needed (p.r.n.).
Medication	Prescription and nonprescription substances or preparations.
Monitoring	Reminding the student to take medication, visual observation of the student to ensure compliance, recording medicine administration, and notifying the parent and legal prescriber of any side effects or refusal to take the medicine.
Non-prescription Medication	Over-the-counter preparations obtained without a prescription.
Pharmacology	The science of drug properties, reactions, and therapeutics.
Policy	A standing plan that provides general guidelines for decision-making.

[32] *Code of Virginia*, § 54.1-3401. Definitions.

[33] *Code of Virginia*, § 54.1-3401. Definitions.

Prescription	An order for medication, therapy, or therapeutic device given by a properly authorized person to a person properly authorized to dispense or perform the order. A prescription is usually in written form and includes the patient's name and address, the date, the R_x symbol (superscription), the medication prescribed (inscription), directions to the pharmacist or other dispenser (subscription), directions to the patient that must appear on the label, prescriber's signature and, in some instance an identifying number.[34] *Code of Virginia*: "Prescription" means an order for drugs or medical supplies, written or signed or transmitted by word of mouth, telephone, telegraph or other means of communication to a pharmacist by a duly licensed physician, dentist, veterinarian or other practitioner, authorized by law to prescribe and administer such drugs or medical supplies." [35]
Qualified Designated Personnel	School employee who has successfully completed a medication administration course and periodic updates.
Route of Administration	Any one of the body systems in which a drug may be administered, such as intradermally, intrathecally, intramuscularly, intranasally, intravenously, orally, rectally, subcutaneously, sublingually, topically, or vaginally. Some medications can be given by only one route because absorption or maximum effectiveness occurs by that route only or because the specific substance is toxic or damaging when given by another route.[36]
Standing Orders	Written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., adrenaline in anaphylaxis or ipecac in certain poisoning).
Student	Virginia: Individual age birth through 22 years.
Self-Administration	Student self-management of medication. Student demonstrates management to appropriate monitoring health personnel.

[34] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1317). St. Louis, Mo.: Mosby-Year Book, Inc.

[35] *Code of Virginia*, § 54.1-3401. Definitions.

[36] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1437). St. Louis, Mo.: Mosby-Year Book, Inc.

Supervision	The method of monitoring, coaching, and overseeing delegated tasks. Levels include: 1. Immediate: Supervisor is physically present. 2. Direct: Supervisor is present and available at the site. 3. Indirect: Supervisor is available in person or through electronic means. Virginia Board of Nursing: *"Supervision"* means guidance or direction of a delegated nursing task or procedure by a qualified, registered nurse who provides periodic observation and evaluation of the performance of the task and who is accessible to the unlicensed person.[37]
Registered School Nurse	A registered nurse, licensed to practice professional nursing by the state's board of nursing and employed in the school setting. Titles vary according to education and include school nurse, professional registered school nurse, school nurse specialist, certified school nurse, and school nurse practitioner. *Code of Virginia*: "Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms. "Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.[38]

[37] *Emergency Regulations of the Board of Nursing*, 18 VAC 90-20-420. Definitions.

[38] *Code of Virginia*, § 54.1-3000. Definitions.

VII. Explain How to Maintain Aseptic Techniques

A. Implementing Standard (Universal) Precautions: See Appendix C.[39]

B. Handwashing

1. Overview
   a. Handwashing is vigorous, brief rubbing together of all surfaces of soap-lathered hands, followed by rinsing under a stream of water.
   b. School personnel who have direct contact with students should always wash their hands before, after, and occasionally during care for any student, when handling any contaminated (dirty) equipment, after contact with any bodily fluid, before eating, and after going to the bathroom.

2. Purpose: Good hand washing is the single most important procedure to prevent the spread of infection.

3. Objectives
   a. To remove disease-causing organisms from the hands.
   b. To prevent the spread of microorganisms to students.
   c. To prevent the spread of microorganisms to personnel.

4. Equipment
   a. Soap
   b. Running warm water
   c. Paper towels

5. Procedure

Steps	**Important Points**
1) Wet hands with warm, running water.	Warm water, combined with soap, makes better suds. Hot water removes protective oils.
2) Apply soap and water.	Liquid soap is preferred. The dispenser is replaced or cleaned and filled with fresh soap when empty. Bar soap is kept on a rack allowing drainage of water.
3) Wash hands, vigorously rubbing together all surfaces of lathered hands—for at least 10 seconds.	Include front and back, between fingers and knuckles, around and under nails, and wrist area. Avoid harsh scrubbing. If hands are visibly soiled, more time is required.

[39] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.

4) Rinse hands well under running water.	Soaps and running water allow most microorganisms to be washed off. Leave water running.
5) Dry thoroughly.	Dry gently to avoid chapping.
6) Turn off water with towel.	Prevent organism transfer from handle.
7) Discard towel.[40]	

C. Employee Precautions: See *Virginia School Health Guidelines.*[41]

[40] Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.6). Des Moines, Iowa: Author.

[41] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.

VIII. Describe What Must Be Addressed Prior to Administering Medication

A. Designated Responsibilities

1. If school nurses are present in the school on a daily basis, it is recommended that the school nurse assume the responsibility for the administration of medication to students.

   Note regarding insulin and glucagon administration: According to the *Code of Virginia*, § 22.1-274, E:

   > When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained for any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.[42]

2. If the school nurse is not available on a daily basis, then the principal should assume the responsibility for deciding who on the school staff will administer the medication.

3. If someone other than the school nurse is to give the medication, the school nurse must provide training in the administration of medication to that designated person. The school nurse, principal, or principal's designee prior to giving the first dose will review the medication authorization, parental consent, and the medication label.

4. The following list summarizes parental responsibilities for medication administration at school.
   a. If possible, schedule medication to be given before and after school.
   b. Give the first dose of the medication at home.
   c. Bring prescribed medication to school in correctly labeled pharmacy container.
   d. Bring over-the-counter medication to school in unopened bottle with student's name on the bottle. (Some school divisions require a physician's prescription for over-the-counter medication.)

[42] The Code of Virginia, § 22.1-274. School health services.

e. Provide the school with a completed medication authorization/parental consent form.
f. Provide prescription medication to school in a timely manner when school staff has indicated that medication needs refill.
g. Provide school with new authorization and correctly labeled bottle when medication dosage is changed by the physician.
h. Collect medication no later than last day of school. Medication will be destroyed the last day the nurse is in the health office.
i. Collect medication that has been discontinued—expired medication or discontinued medication will not be held at the school and medication will be destroyed.

B. First Dose: The first dose of a new medication should always be given at home.

C. Prior to administering any prescriptive medication the following three items should be addressed.[43]

1. Medication Authorization

a. The use of all prescriptive medication should be authorized in writing by a licensed prescriber, which includes physicians, dentists, physician assistants, and licensed nurse practitioners. The written authorization should include the following information:
   1) Student's name.
   2) Licensed prescriber's name, telephone number, and signature.
   3) Date prescription written.
   4) Name of the medication.
   5) Dosage.
   6) Route of administration.
   7) Time of day to be given.
   8) Anticipated length of treatment.
   9) Diagnosis or reason the medication is needed (unless reason should remain confidential).
   10) Serious reactions that the student might experience.
   11) Any serious reactions that may occur if the medication is not administered.
   12) Special handling instructions.
b. Any changes in the original medication authorization require a new written authorization and a corresponding change in the prescription label.
   1) Faxed authorizations may be acceptable as long as there is a signed parental consent for the medication authorized by fax.
   2) Changes in medication via telephone should be taken only under extreme or urgent circumstances.

[43] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.256-257). Richmond, Va.: Virginia Department of Health.

- A licensed nurse should take telephone changes directly from the licensed prescriber only if this is consistent with the school division policy.
- The telephone authorization for changes in medication should be recorded on the student's record and be a one-time-order only.
- A telephone authorization should be followed by a written order from the licensed prescriber within 24 hours.

c. Medication authorizations should be received on a standardized authorization form. However, authorizations on stationary or prescription pads from the licensed prescriber or an acceptable label on the prescription container (see medication labeling below) are acceptable if the parents/legal guardian sign and date the form/label.

d. See example of a medication authorization/parental consent form in Appendix D.

2. Parental Consent

a. In addition to the licensed prescriber authorization for administering medication, parental consent must be obtained before a medication is given to a student. For each medication, the parental consent should include the following information.
   1) Student's name.
   2) Parent's name.
   3) Parent's emergency/daytime phone number.
   4) Statement of parental consent.
   5) Date of consent.
   6) Allergies.
   7) Name of the medication (if not on licensed prescriber medication authorization form).
   8) Reason for the medication (if not on licensed prescriber medication authorization form).
   9) Duration of treatment (if not on licensed prescriber medication authorization form).

b. When a medication is administered for the entire school year, parental consent should be renewed yearly.

c. See example of a medication authorization/parental consent form in Appendix D.

3. **Medication Labeling**

a. The final item that should be addressed prior to administering medication is labeling.
   1) The medication must be in its original container.
   2) The pharmacist can divide the medication into two containers—one for home and one for school.

b. The original container (except for over-the-counter medication and physician sample) should be labeled with the following information.
    1) Student's name.
    2) Name of medication.
    3) Directions for dosage.
    4) Frequency to be administered.
    5) Licensed prescriber's name.
    6) Date the prescription was filled.
c. Medication in plastic bags or other non-original containers are not acceptable.

Note: **Change in Medication—**New licensed prescriber medication authorization and parental consent forms should be obtained when a medication order is change, new orders are received, or when an order is discontinued and restarted.

D. Five Rights of Medication Administration
1. **Right Student**—Properly identify the student.
2. **Right Time**—Administer medication at the prescribed time.
3. **Right Medicine**—Administer the correct medication.
4. **Right Dose**—Administer the right amount of medication.
5. **Right Route**—Use the prescribed method of medication administration.

E. Documentation of Medication

1. Record and report the "Five Rights" of medication administration. Include the following information.
    a. Student name
    b. Time
    c. Medication
    d. Dose
    e. Route
    f. Date
    g. Person administering medication.
    h. Any unusual observations and circumstances.

2. Documentation is referred to as the "Sixth Right."[44]

F. Staff Administering Medication

1. Adhere to medication policy of the school division.

[44]Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.7). Des Moines, Iowa: Author.

2. Principal's designee responsibilities.
    a. Documentation of authorization from parent and licensed prescriber.
    b. If possible, count medication in presence of parent.
    c. Document the medication count.
    d. Assure medication is properly labeled.
    e. Document receipt of medication.
    f. Assist the student in taking medication.
    g. Record administration on medication chart.
    h. Maintain medication in a locked place.
    i. Provide parents with medication authorization and parental consent forms

G. Field Trips[45]

1. Prior to Field Trip
    a. At least one day prior to a field trip, the person who administers the medication should be made aware of the event so that arrangements can be made to meet the student's need for medication.
    b. Medication given on field trips should be administered according to the guidelines for administering medication, which include administering the medication from the original medication container.
    c. It should be the responsibility of the school employee (e.g., school nurse, teacher, health assistant) to administer medication to students on field trips. That is, persons who are not employees (or contracted employees) who accompany students on field trips—such as parents and chaperones—should not administer medication to students, except where such persons administer medication to their own child.

2. Clarification of the Term "Administer"

    Since the publication of "Medication Administration" in *Guidelines for Specialized Health Care Procedures*, the following clarification of the term "administer" medication was set forth in the guidance document adopted by the Board of Pharmacy on June 11,1998 and the Board of Nursing on concurred July 21, 1998:

    > If the advance preparation is to assist in the administration of medication to students during a single-day field trip, such advance preparation shall not be made prior to the last working day before the day of the field trip and shall not exceed a one-day supply. Any packaging used in such advance preparation shall include the student's name and any other appropriate student identifier; physician's name; drug name and strength, and quantity; and appropriate directions for administration. For any field

[45] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (p. 260). Richmond, Va.: Virginia Department of Health.

trip which is longer than one day in length, a student's prescription should be provided by the student's parent or guardian in a properly labeled prescription vial which has been dispensed from a pharmacy and, for oral medications, which contains only the quantity needed for the duration of the field trip.[46]

[46] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (pp.260). Richmond, Va.: Virginia Department of Health.

IX. Explain General Medication Administration Procedures

A. Follow the school policy for administering medication safely and accurately.

B. Administering Medication to a Student

1. Follow the school policy for administering medication safely and accurately.

2. Wash hands.

   Note: Administration of medication is a clean procedure that requires handwashing.

3. Verify the medication authorization form with the label.

   Note: Seek information for questions and/or dose calculations.

4. Gather necessary items.

5. Prepare and give medication in a well-lighted area free from distractions.

   Note: The person preparing the medication should be the person giving the medication.[47]

6. Check the label for the following when picking up the container:
   a. Right **Name**
   b. Right **Time**
   c. Right **Medication**
   d. Right **Dose**
   e. Right **Route**

7. Prepare the correct dosage of medication without touching medication.

8. Check the label for the following while preparing the dose:
   a. Right **Name**
   b. Right **Time**
   c. Right **Medication**
   d. Right **Dose**
   e. Right **Route**

[47] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (p. 264). Richmond, Va.: Virginia Department of Health.

9. Check the label for the following before returning the container to the locked and limited access space.
    a. Right **Name**
    b. Right **Time**
    c. Right **Medication**
    d. Right **Dose**
    e. Right **Route**

10. Do not leave medication unattended or within the reach of a student.

11. Identify the student.
    a. Ask the student to state his or her name.
    b. Nonverbal students may need identifying picture on medication container or third-party identification.

12. Observe the student for any unusual behaviors or conditions prior to medication administration.

    Note: If unusual behaviors or conditions exist, **do not give the medication—** follow school policy, report immediately, and record.

13. Explain the procedure to the student.

14. Position the student properly for medication administration.

15. Provide equipment and supplies as needed.

16. Administer the medication as follows:
    a. Administer the medication to the correct student.
    b. Administer the medication at the correct time.
    c. Administer the correct medication.
    d. Administer the correct dose.
    e. Administer medication by the correct route.

    Note: Verify the student took the medication.

17. After administering the medication, record the following as soon as possible and according to school procedure.
    a. Record student's name.
    b. Record time.
    c. Record medication.
    d. Record dose.
    e. Record route.
    f. Record person administering medication (your name).

18. If any unusual reactions occur, follow school policy, report immediately, and record.

19. If any questions arise, follow school policy and report immediately.

20. Clean, return, and/or dispose of equipment as necessary.

21. Wash hands.

22. Complete appropriate documentation.

C. Facilitating Student Self-Administration of Medication.[48]

1. Many school divisions do not allow self-administration of medication except under special circumstances with a physician's order and under the supervision of the school nurse, principal, or the principal's designee.

2. School divisions that allow self-administration of medication should consider the following questions when developing a policy for self-administration of medication.
   a. Has the student demonstrated his/her capability for self-administration and an understanding that medication is not to be shared?
   b. Is there a need for a medication order stating that the student is qualified and/or able to self-administer the medication?
   c. Is there a need for parental consent for self-administration?
   d. What medication will the student be allowed to carry and administer?
   e. Does the medication require refrigeration or security?
   f. Is there a need for notification of appropriate team members (such as teachers, principals, support persons) of all self-testing or self-administration of medication?
   g. Is there a need for staff to be appropriately prepared to work with the student?
   h. Should there be recognition that self-administration of medication is a privilege that can be taken away if medication policies are abused or ignored?
   i. Should the school division that allows self-administration of medication use a "medication pass" system?

3. Each student who is allowed to self-administer medication should receive a pass.
   a. The pass should state the student's name, the name of the medication that the student can self-administer, date issued, who issued the pass, when the pass expires (e.g., seven days, end of school year), when it is to be taken (as needed, on a schedule), and any monitoring that is required.
   b. The student should carry the pass at all times.

[48] Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (p. 259). Richmond, Va.: Virginia Department of Health.

D. Errors and Omissions of Medication Administration

Note: When administering medication to large number of students, a medication mistake can occur. Prevent accidents by keeping focused on the task at hand and following the "Five Rights of Medication Administration." Should an error or omission occur, it is important to act as soon as the error is discovered.

1. Medication Error: A violation of any of the five rights including the sixth right of documentation.

2. Procedure
   a. Report medication errors **immediately** following school procedure (e.g., notify school nurse, administrator, parents or physician).
   b. Complete an incident report and sign the report. (See sample in Appendix D.)
   c. Continue to observe the student.
   d. Record and report any changes.

E. Recording and Reporting

Note: The school division establishes procedures and forms for recording and reporting. (See sample forms in Appendix D.

1. Record immediately after administering medication to limit the chance of error.

2. For each medication administered, the person who administers the medication records his or her name.

   Note: If the person's initials are used, the person's signature must appear on the same page.

3. Errors in recording should be red-lined and marked "error;" then, record the correct information.

4. Record omissions, absence, or refusals immediately, following school procedure.

5. Record only medication you administered.

F. Disposing of Medication

1. The parent should pick up unused medication within one week of the expiration date or the date that the medication is no longer required.

2. Medication given on a daily basis throughout the year should be destroyed the last day of school.

Note: Parents should be notified prior to the end of school to pick up remaining medication and of the school division's policy for destroying medication.

3. When medication needs to be destroyed, a nurse, principal, or principal's designee must destroy it.

   Note: It is advisable that another person witnesses the destruction of the medication.

4. Document medications that are destroyed and the amount destroyed.

5. Each school division must establish their own policy regarding disposal of medication.

X. Explain Route-Specific Medication Procedures

Note: To administer medication use the general administration steps in Section IX, "Explain General Medication Procedures," along with the following route-specific information.

Oral Administration

Preparing and giving a tablet, capsule, an elixir, or a solution or other liquid form of medication by mouth.[49]

A. Capsules and Tablets[50]

1. Wash hands.
2. Remove bottle cap and hold the cap in one hand and bottle in the other hand.
3. Pour the prescribed dose into the cap.
4. Transfer medication from cap to a clean container (medicine cup) and give cup to the student.

   Note: Do not touch the medication.

5. Give medication with a full glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk, do not take with acidic fruit juices, or do not take in combination with other medications).
6. Verify the student swallowed the medication.
7. Recap the bottle and return it to a secure locked place.
8. Refer partial pill dosage to the school nurse.
9. Wash hands.
10. Complete appropriate documentation.

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[49] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1152). St. Louis, Mo.: Mosby-Year Book, Inc.

[50] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.8). Des Moines, Iowa: Author.

B. Individually Wrapped Medication[51]

1. Wash hands.
2. Remove or tear off number needed and place package in a clean medicine cup.
3. Remove from package and transfer into a cup when student takes the medication.
4. Give medication with a full glass of water unless otherwise indicated. Follow special label instructions (e.g., take with milk, do not take with acidic fruit juices or do not take in combination with other medications).
5. Verify the student swallowed the medication.
6. Refer partial pill dosage to the school nurse.
7. Wash hands.
8. Complete appropriate documentation.

C. Liquid or Powders[52]

1. Wash hands.
2. Shake medication per label instructions.
3. Pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup.
4. Pour medication into medicine cup at eye level (i.e., your point-of-vision should in line with the medicine cup to prevent misreading the measurement line).
5. Measure the dosage at the bottom of the disc (meniscus).
6. Wipe off any medication on the outside of the container.
7. Use a calibrated medicine dropper or syringe to measure small amounts of liquid.
8. Hold the medicine dropper at right angle to cup to measure drops.
9. Pour liquid medications into separate containers unless otherwise ordered.

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[51] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.8). Des Moines, Iowa: Author.

[52] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.8). Des Moines, Iowa: Author.

10. Give cough syrup undiluted. (Follow with water per medication-specific directions.)

11. Wash hands.

12. Complete appropriate documentation.

D. Enzyme Replacement[53]

1. Enzymes should be given **prior** to a meal or snack. Pancreatic enzymes aid in digestion and absorption of food.

2. Microspheres or microtablets should not be chewed or crushed.
   a. Enzymes should dissolve in the higher pH environment of the intestines rather than the mouth.
   b. The enzymes are coated with an enteric coating that prevents the enzyme from being dissolved until it reaches the intestine.
   c. If crushing or chewing disrupts the coating, the enzyme will not dissolve in the proper place.

3. For infants and small children, the capsules should be broken open and mixed with a **lower pH food,** such as applesauce.

4. Document medication given, time given, amount given, how it was given, who gave it, and the student's name. Also document any problems or side effects.

5. Notify school nurse, parents, and/or physician of any problems or side effects.

E. Problems With Administering Oral Medication[54]

1. Refusal of medication—report immediately.

2. Vomiting medication—report: the student's name and age, medication and dosage, time lapse since administration, and if medication was intact.

3. Suggestions for students who have difficulty swallowing medicines:
   a. Position student for medication administration.
   b. Give one medicine at a time and with adequate fluids.
   c. Place medicine on back of tongue.
   d. Give liquid medication slowly.

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[53] Adapted from: Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999*). Virginia School Health Guidelines* (p. 267). Richmond, Va.: Virginia Department of Health.

[54] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.8). Des Moines, Iowa: Author.

e. Watch for choking.
   Note: Call for help if the student has coughing spasms and skin begins to darken, or if the student develops breathing problems.
f. Verify that the student swallowed the medication.
g. If directed, give medication with other food (e.g., fruit syrup or applesauce) or crushed.
   Note: It is important to check with pharmacist to determine if drug action will be affected by crushing the medication.
h. Whole tablets **should not be given to children who are less than 5 years old** because of the potential for aspiration.

Optic Administration

Preparing and applying medication to the eye or inner surface of the eyelids.[55]

A. Eye Drops[56] [57]

Note: Use preparations labeled for ophthalmic use.

1. Gather necessary equipment: cotton balls and tissue.

2. Wash hands.

3. Observe affected eye for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.

4. If eye is inflamed, infected, or draining, wear gloves.

5. Check dropper for patency (i.e., dropper opening is not blocked or obstructed).

6. Do not let dropper touch anything.

7. Draw medicine into dropper.

8. Cleanse eye with clean cotton ball—wipe once from inside to outside of eye. Use a clean cotton ball for each eye.

9. Position the student supine (i.e., lying horizontally on the back) or sitting with the head tilted back. Ask the student to look up.

10. Use one hand to pull the lower lid downward; the hand that holds the dropper rests on the head so that is may move synchronously with the student's head, thus reducing the possibility of trauma to a struggling child or dropping the medication on the face. As the lower lid is pulled down, a small conjunctival sac is formed;

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[55] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

[56] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.9). Des Moines, Iowa: Author.

[57] Adapted from: Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

the solution is gently dropped (falling less than 1") into the sac, rather than directly on the eyeball.

a. Approach the eye from outside the field of vision.
b. For young children, playing a game can be helpful, such as instructing the child to keep the eyes closed until the count of three and then open them, at which time the drops are quickly instilled.

Note: Another effective technique is to pull the lower lid down and out to form a small cup effect into which the medication is gently dropped.

11. Close the eyelids gently to prevent expression of the medication.
    a. Ask student to keep eyes closed for a few minutes.
    b. Excess medication is wiped from the inner eye outward to prevent contamination to the side of the eye.

12. If more than one drop is ordered, wait 1-5 minutes between installations.

13. Wash hands.

14. Complete appropriate documentation.

B. Eye Ointment[58] [59]

1. Gather necessary equipment: cotton balls and tissue.

2. Wash hands.

3. Observe affected eye for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.

4. If eye is inflamed, infected, or draining, wear gloves.

5. Cleanse eye with clean cotton ball—wipe once from inside to outside of eye. Use a clean cotton ball for each eye.

6. Position the student supine (lying horizontally on the back) or sitting with the head tilted back. Ask the student to look up.

7. Use one hand to pull the lower lid downward; the hand that holds the ointment tube rests on the head so that is may move synchronously with the student's head,

[58] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.9). Des Moines, Iowa: Author.

[59] Adapted from: Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

thus reducing the possibility of trauma to a struggling child or dropping the medication on the face. As the lower lid is pulled down, a small conjunctival sac is formed; apply a thin layer of the ointment into the sac, rather than directly on the eyeball.

a. Approach the eye from outside the field of vision.
b. For young children, playing a game can be helpful, such as instructing the child to keep the eyes closed until the count of three and then open them, at which time the ointment is quickly applied.

Note: Another effective technique is to pull the lower lid down and out to form a small cup effect into which the ointment is gently applied.

8. Hold the lid open for a few seconds, then close the eyelids gently to prevent expression of the medication.
   a. Ask student to keep eyes closed for a few minutes.
   b. Excess medication is wiped from the inner eye outward to prevent contamination to the side of the eye.

9. Wash hands.

10. Complete appropriate documentation.

Otic Administration

Preparing and instilling medication into the external ear canal.[60]

A. Ear Drops[61]

1. Gather necessary equipment: cotton balls and tissue.

2. Wash hands.

3. Observe affected area for any unusual condition; if there is an unusual condition, report to the school nurse before medication administration.

4. If ear is inflamed, infected, or draining, wear gloves.

5. Check dropper for patency.

6. Do not let dropper touch anything.

7. Draw medicine into dropper.

8. Position the student supine (i.e., lying horizontally on the back) with the head turn to the appropriate side; or position the student sitting on a chair, with the head titled sideways until ear is horizontal.

9. Cleanse entry to ear canal with a clean cotton ball as needed.

10. Straighten the external ear canal as follows:
    a. For children younger than 3 years of age, the external ear canal is straightened by gently pulling the outer ear downward and straight back
    b. For children 3 years of age or older, the external ear canal is straightened by gently pulling the outer ear upward and back.

11. Drop the medication onto the side of the external ear canal
    a. To avoid contaminating the tip of the dropper, avoid having the dropper touching anything.

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[60] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

[61] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.9). Des Moines, Iowa: Author. Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

b. Gentle massage of the area immediately in front of the ear facilitates the entry of drops into the ear canal.

12. Instruct the student to maintain the required position for 1 minute.

13. If the other ear is to be treated, repeat procedure after the 1-minute wait.

14. Loosely place a cotton ball in the ear as ordered.

    Note: The use of cotton pledgets (a small flat compress) prevents medication from flowing out of the external canal. However, they should be loose enough to allow any discharge to exit from the ear. Premoistening the cotton with a few drops of medication prevents the wicking action from absorbing the medication instilled in the ear.

15. Wash hands.

16. Complete appropriate documentation.

Nasal Administration

Preparing and instilling medication into the nostrils by drops from a dropper or by an atomized spray from a squeeze bottle.[62]

A. Nose Drops[63]

1. Give tissues to student.
2. Have student blow nose gently.
3. Wash hands.
4. If the student has an infection or bleeding in the nose, wear gloves.
5. Observe nasal area for any unusual condition. If there is an unusual condition, report it to the school nurse before medication administration.
6. Check dropper for patency.
7. Do not let dropper touch anything.
8. Draw medicine into dropper.
9. Position the student supine (i.e., lying horizontally on the back) with the head titled back; or position the student in a chair with the head tilted back.

   Note: Unpleasant sensations associated with medicated nose drops are minimized when care is take to position the child with the head extended well over the edge of the cot or pillow while supporting the student's head with your hand.
10. Place prescribed number of drops into nose. To avoid contaminating the tip of the dropper, avoid having the dropper touching anything.
11. Following instillation of drops, the student should remain in position for 1 minute to allow the drops to come in contact with the nasal surfaces.
12. Replace cap promptly.

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[62] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1081). St. Louis, Mo.: Mosby-Year Book, Inc.

[63] Adapted from: Kirkpatrick, M. A. F. (2000). *A Resource Guide for Medication Management for Persons Authorized Under the Drug Control Act* (p. 183). Richmond, Va.: Virginia Department of Social Services.

13. Wash hands.

14. Complete appropriate documentation.

B. Nasal Spays[64] [65]

1. Give tissues to student.

2. Wash hands.

3. Have student blow nose gently.

4. Position student in a chair with head upright.

5. While squeezing bottle quickly and firmly, ask student to sniff briskly

6. Spray once or twice into each nostril and wait 3-5 minutes.

7. Have student blow nose gently and repeat the sprays if necessary.

   Note: Ask student to expectorate (spit out) any solution that runs down the back of the nose into the throat.

8. Wash hands.

9. Complete appropriate documentation.

[64] Adapted from: Kirkpatrick, M. A. F. (2000). *A Resource Guide for Medication Management for Persons Authorized Under the Drug Control Act* (p. 183). Richmond, Va.: Virginia Department of Social Services.

[65] Adapted from: Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1270). St. Louis, Mo.: Mosby, Inc.

Inhalation Administration

Preparing and giving a vaporized medication to be inhaled directly into the lungs.[66]

Many medications used to treat asthma are given by inhalation with a **nebulizer** or **metered-dose inhaler** (MDI). A nebulizer is a device for producing a fine spray. The medication is mixed with saline and then nebulized with compressed air by a machine. An MDI is a small, handheld device with a mouthpiece. When the MDI is activated, a precise dose of medication is deliver through the mouth to the lungs.[67]

Students with asthma usually take inhaled medication on a prescribed schedule; however, they also need to have immediate access to their medication should they have an asthma episode.

Students diagnosed with asthma should have an individualized health care plan and an emergency care plan prepared by the school nurse with input from the student's physician and the parent/guardian.

Follow individual student plan, which may include:

- Peak Flow Monitoring

  A peak flow meter (i.e., **Peak Expiratory Flow Meter** or PEFM) is a small device that measures how well air moves out of the airways (peak flow expiratory flow rate). Monitoring peak flow helps a student determine changes in his or her asthma and identify appropriate actions to take.[68]

[66] Adapted from: Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 840). St. Louis, Mo.: Mosby-Year Book, Inc.

[67] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1505). St. Louis, Mo.: Mosby, Inc.

[68] National Asthma Education and Prevention Program, School Asthma Education Subcommittee (September 1995). *Asthma & Physical Activity in the School* (p. 16). National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services.

Tip: ***Use of a Peak Expiratory Flow Meter[69]***
1. Before each use, make sure the sliding marker or arrow on the PEFM is at the bottom of the numbered scale. 2. Stand up straight. 3. Remove gun or any food from the mouth. 4. Close your lips tightly around the mouthpiece. Be sure to keep your tongue away from the mouthpiece. 5. Blow out as hard and as quickly as you can, a "fast hard puff." 6. Note the number by the marker on the numbered scale. 7. Repeat entire routine three times; but wait at least 30 seconds between each routine. 8. Record the *highest* of the three readings, not the average.

- Spacers or Holding Chambers

  Spacers or **holding chambers** are devices that attach to an MDI and hold the medication in the chamber long enough for the person to inhale the medicine during one or two slow, deep breaths. These devices make it easier for young children to take their medicines correctly using an MDI. Spacers or hold chambers may be used with all inhaled medications, but they are recommended for use with inhaled steroids to prevent yeast infections in the mouth.[70]

- Self-management, self-administration and immediate availability with student carrying the medication.

[69] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1512). St. Louis, Mo.: Mosby, Inc.

[70] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (pp. 1512-1513). St. Louis, Mo.: Mosby, Inc.

A. Metered-Dose Inhaler[71]

A metered-dose inhaler (MDI) delivers medication in a fine mist to the lungs. Correct use of the inhaler is a problem for many students. It is difficult to coordinate the quick puff from the inhaler and breathing the medication deep into their lungs. Therefore, many students use a spacer that keeps the inhaler the correct distance from the mouth and assists the student in getting the correct dose.

MDI Procedure:[72] [73]

1. Wash hands.

2. Attach mouthpiece to inhaler, which contains the medicine.

3. Have student stand up, feet slightly apart.

4. Shake the inhaler for approximately 2 seconds.

5. Ask the student to tilt the head back slightly and breathe out slowly.

6. With the inhaler in an upright position, insert the mouthpiece, as ordered:
   a. About 1 to 1.5 inches from the mouth *or*
   b. Into an aerochamber (space or holding chamber) *or*
   c. Into the mouth, forming an airtight seal between the lips and the mouthpiece.

7. At the end of a normal expiration, depress the top of the inhaler canister firmly to release the medication (into either the aerochamber or the mouth), and ask the student to breathe in slowly (about 3-5 seconds). Relax the pressure on the top of the canister.

8. Ask the student to hold his or her breath for at least 5 to 10 seconds to allow the aerosol medication to reach deeply into the lungs.

9. Remove the inhaler and ask student to breathe out slowly through their nose.

10. Wait 1 minute between puffs (if additional one is needed).

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[71] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.10). Des Moines, Iowa: Author.

[72] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.10). Des Moines, Iowa: Author.

[73] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1513). St. Louis, Mo.: Mosby, Inc.

11. Wash hands.

12. Complete appropriate documentation.

Note: To determine if student is using an inhaler properly, have student use the device in front of a mirror. If vapor does not appear on the mirror, the inhaler is being used correctly.

Tip: ***Steps for Checking How Much Medicine is in the Canister:***[74]
1. If the canister is new, it is full. 2. If the canister has been used repeatedly, it might be empty. (Check product label to see how many inhalations should be in each canister.) 3. To check how much medicine is left in the canister, put the canister (not the mouthpiece) in a cup of water. Do not use this method with MDIs that contain hydrofluroalkanes or dry powder. a. If the canister sinks to the bottom, it is full. b. If the canister floats sideways on the surface, it is empty.

[74] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1513). St. Louis, Mo.: Mosby, Inc.

B. Nebulizer

Infants and very young children who have difficulty using the MDI can obtain effective relief with nebulization. The medication is mixed with saline and then nebulized with compressed air by a machine. When using the nebulizer, children are instructed to breathe normally with the mouth open to provide a direct route to the trachea for the medicine.[75]

Nebulizer Procedure: [76]

1. Wash hands.
2. Assemble equipment.
3. Pour medication into the cup (some medications are pre-measured and ready to use, others may have to be measured and mixed with saline).
4. Connect one end of the tubing to the nebulizer (compressor) and the other end to the bottom of the nebulizer cup.
5. Turn on the compressor
6. Check that mist is coming out of the mouthpiece. (some children may use a mask)
7. Stay with the student until all medication is used. This usually takes about 5 to 15 minutes.
8. The student's prescription may call for rinsing the mouth with water after treatment.
9. Clean the mouthpiece and nebulizer cup and let them air dry.
10. Wash hands.
11. Complete appropriate documentation.

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[75] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1505). St. Louis, Mo.: Mosby, Inc.

[76] Adapted from: University of Colorado Health Sciences Center School of Nursing (1996). *Assisting Children with Medications at Schoo*l (p. 9). Lawrence, Kans.: Learner Managed Designs, Inc.

C. Self-Administered Inhaler Medication for Students With Asthma

1. Sample Policy: The following is a sample policy developed by a Virginia school division.[77]

Self-Administered Inhaler Medication
For Students With Asthma

In accordance with the *Code of Virginia* 22.1-275.1 and as of July 1,2000, students may be permitted to carry and to self-administer inhaled asthma medication. However, the protocol dictated by the state code must be strictly followed and adhered to.

AT ALL TIMES, THE STUDENT'S SAFETY AND HEALTH, AS WELL AS THAT OF THE OTHER STUDENTS, MUST BE MAINTAINED.

I. Physician or Nurse Practitioner

- Written orders must be submitted to the school showing name of student, name of medication, frequency of use, duration of the order, and any comments specific to the student.
- Prescriber states that it is necessary for the student to carry and self-administer his/her inhaled medication during the school day, including transport time.
- An individualized health care plan, or asthma action plan, that is specific for the student, has been prepared for submission to the school. An emergency response is included.

II. Parent/Guardian

- Parent provides written consent that the student may self-administer the inhaled asthma medication.
- Parent has given the health care plan, asthma action plan, to the school. An emergency response is likewise included.
- Parent will not hold the school board or its employees responsible for any negative outcomes resulting from self-administration of the inhaled asthma medication.
- Parent realizes that the principal may revoke the permission to possess and self-administer inhaled asthma medication for the remainder of the school year, if it is determined that the student is not safely and effectively self-administering the medication.

[77] Flach, C. *Self Administration Inhaled Medication for Students With Asthma*. (2000). Virginia Beach, Va.: Virginia Beach City Public Schools.

III. Student

- Student has demonstrated the correct use of the inhaler.
- Student agrees to never share the inhaler with another person.
- Student agrees that if there is no improvement after self-administering, he/she will report to the school nurse or another appropriate adult if the nurse is not available or present.

IV. School Nurse

- The school nurse is knowledgeable of the student's diagnosis.
- The school nurse has interacted as necessary with the prescriber, parent/guardian, student, and appropriate school staff.
- The school nurse will maintain a list of students who are self-administering inhalers for asthma.
- The school nurse will keep the teacher(s) informed as necessary.
- The school nurse will respond in the case of an emergency.

JUST AS WITH OTHER MEDICATION ORDERS, THIS MUST BE RENEWED ANNUALLY OR WHEN THERE IS A CHANGE OF ORDERS AND/OR MEDICAL MANAGEMENT.

2. Sample Contract: See Appendix D, Sample Forms, for a copy of Annual Contract for Self-Administration of Inhaled Medication for Asthma: [78]

[78] Flach, C. *Annual Contract for Self-Administration of Inhaled Medication for Asthma*. (2000). Virginia Beach, Va.: Virginia Beach City Public Schools.

Topical Administration

Preparing and applying medication to the skin and mucous membranes.[79]

Skin Lesions. A lesion is an abnormality of the skin tissue, such as a wound, sore, rash, boil). A variety of agents and methods are available for the treatment of skin problems. Topical applications may be prescribed to treat a skin disorder, reduce itching associated with many diseases, decrease external stimuli, or apply external heat or cold. The emollient action of soaks, baths, and lotions provide a sooth film over the skin surface that reduces external stimuli.

A. Skin Medication[80]

1. Gather necessary equipment: tongue blade, gauze, tape, cleansing material, and cotton-tipped applicator. For broken skin or open lesions use gloves.

2. Wash hands.

3. If you have broken skin or open lesions, use gloves.

4. Observe area for any unusual condition. If there is an unusual condition, report it to the school nurse before applying medication.

5. Cleanse the skin and remove previously applied medication with a tongue blade or cotton-tipped applicator. (Soap and water can be used as a cleansing material unless another substance is prescribed.)

6. Apply medication in a thin layer or as ordered.

7. Record any changes seen in skin area treated. Notify school nurse of any change.

8. Cover area as directed.

9. Wash hands.

10. Complete appropriate documentation.

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[79] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1003). St. Louis, Mo.: Mosby-Year Book, Inc.

[80] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.9). Des Moines, Iowa: Author.

Rectal Administration

Preparing and instilling a medicated suppository, cream, or gel into the rectum.[81]

Although the rectal route for medication administration is less reliable, it is sometimes used when the oral route is difficult or contraindicated. It is also used when oral preparations are unsuitable to control vomiting. Some of the drugs available in suppository form are acetaminophen, aspirin, sedatives, analgesics (morphine), and antiemetics. The difficulty in using the rectal route is that unless the rectum is empty at the time of insertion, absorption of the drug may be delayed, diminished, or prevented by the presence of feces. Sometimes the drug is later evacuated, securely surrounded by stool.[82]

A. Rectal Suppository.[83]

Note: Sometimes the amount of drug ordered is less than the dosage available. If a suppository must be divided, the student's parent must divide it.

1. Privacy must be provided.

2. Wash hands.

3. Position the student in side-lying or prone position (on his/her stomach).

4. Use gloves.

5. Remove the wrapping on the suppository and lubricate the suppository with water-soluble jelly or warm water.

6. Quickly but gently insert suppository into the rectum, making certain that it is placed beyond both of the rectal sphincters. Do not insert finger more than ½ inch.

7. Then hold the buttocks together firmly to relieve pressure on the anal sphincter until the urge to expel the suppository has passed—which occurs within 5 to 10 minutes.

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[81] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 1392). St. Louis, Mo.: Mosby-Year Book, Inc.

[82] Wong, D. L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., Ahmann, E., Divito-Thomas, P.A. (1999). *Nursing Care of Infants and Children* (p. 1269). St. Louis, Mo.: Mosby, Inc.

[83] Adapted from: Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (p. 267). Richmond, Va.: Virginia Department of Health.

Note: Holding the buttocks together prevents quick expulsion of the medication so that the medication has adequate time to be absorbed

Parenteral (Injection) Administration

Preparing and giving medications via the intravenous, intramuscular, intradermal, and/or subcutaneous route.[84]

Injection: The act of forcing a liquid into the body by means of a needle and syringe.[85]

A. Intramuscular Glucagon

Refer to Virginia Department of Education (1999). *Manual for Training Public School Employees in the Administration of Insulin and Glucagon*. Richmond, Va.: Author

B. Auto-Injector Medication[86]

A disposable injection with a spring-activated, concealed needle used for **emergency administration** in individuals sensitive to potentially fatal reactions. Follow individualized healthcare plan for the student.

1. Note:

- If there is a need to administer emergency medication:
  1. Call rescue squad.
  2. Notify school nurse.
  3. Call parent.

- Emergency medication is student-specific.
  1. Emergency medication must only be administered to a student for whom it has prescribed (i.e., it has been authorized by a licensed prescriber and student's parent).
  2. The emergency medication order should be a component of the student's Individualized Healthcare Plan.

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[84] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (pp. 1002-1003). St. Louis, Mo.: Mosby-Year Book, Inc.

[85] Anderson, K.N., Anderson, L.E. and Glanze, W.D. (Eds.) (1998*). Mosby's Medical, Nursing, & Allied Health Dictionary* (p. 840). St. Louis, Mo.: Mosby-Year Book, Inc.

[86] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.10). Des Moines, Iowa: Author.

Auto-Injector Procedure:

1. Pull off safety cap.
2. Place tip on student's thigh.
3. Press auto-injector against student's thigh until mechanism activates, and hold in place several seconds.
4. May be injected through clothing.
5. Follow the emergency procedure.
6. Dispose of auto-injector in the biohazards sharps container.
7. Wash hands.
8. Remove gloves.
9. Call rescue squad
10. Notify school nurse.
11. Call parent.
12. Observe student for signs and symptoms of recovery or worsening condition.
13. Complete appropriate documentation.

XI. Review Emergency Protocol for Medication Related Reactions

A. Extreme Allergic Reaction: An extreme sensitivity may cause an allergic reaction. An allergic reaction is rare and an extremely serious situation. The reaction may start rapidly, be brief, and require immediate action.

B. Symptoms may include any change in behavior and are not limited to:

1. Feelings of apprehension, sweating, weakness.
2. Nausea, vomiting, abdominal pain, diarrhea.
3. Low blood pressure with weak, rapid pulse.
4. Flushing hives, itching.
5. Shallow respirations, difficulty breathing.
6. Nasal congestion, itching, sneezing, wheezing.
7. Seizures, loss of consciousness, shock, coma.
8. Difficulty walking, blue/gray lips or fingernails.

C. Procedure

1. Get help. Stay with the individual with the reaction. Observe symptoms, note time.
2. Immediate call to emergency service for transportation to health facility per emergency plan. Example: call 911 in extreme reaction.
3. Continue observing vital signs (respirations, blood pressure, pulse, and level of consciousness).
4. Provide emergency personnel with health information and summary of reaction.
5. Notify school nurse, parent/guardian, and physician.

D. Follow-Up Activities

1. Complete school incident report.

2. Consult with parent/guardian and physician to review appropriate individual school emergency health plan.[87]

[87] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide* (p.5). Des Moines, Iowa: Author.

XII. Explain Safe Storage of Medication

A. Store all medications in the original container.

1. Prescription medication must always be kept in the original, labeled container from the pharmacy.

2. Over-the-counter medicine should also be kept in the original, labeled bottle or box.

3. **Never** empty medication into a plastic bag or other container for convenience or any other reason.

4. Storage Locations
   a. Except for self-administered medication that students have permission to carry with them, medication should always be stored in a clean, locked cabinet or secured area.
   b. Controlled drugs, such as Ritalin, must be safely secured and require special attention in the school division's policies.
   c. Some medications need to be refrigerated. The refrigerator should be in a secured area and should be checked periodically to ensure that it does not freeze the medication.
   d. The temperature inside the refrigerator should be between 36 and 46 degrees Fahrenheit.
   e. A weekly refrigerator temperature log should be maintained. See Appendix D for a sample form.
   f. Ideally, food and medication should not be kept in the same refrigerator. However, if only one refrigerator is available, medication must be kept in a locked container inside the appliance.[88]
   g. The keys to the medication cabinet must NEVER be taken home or out of the building.

B. Monitoring Supply of Medications

1. When medication is brought to school by the parent, the supply of the drug must be counted (e.g., number of tablets, level of liquid medicine), or if possible, the supply of the drug should be counted in the presence of the parent.

2. The count, date, and initials of person counting must be recorded on the student's medication log.

[88] University of Colorado Health Sciences Center School of Nursing (1996*). Assisting Children with Medications at School* (p. 5). Lawrence, Kans.: Learner Manger Design, Inc.

3. Send notice to parent at least 10 days prior to completion of long-term medication that a refill is needed.[89]

4. For controlled substances, such as Ritalin, it is recommended that the school nurse and the person administering the medication count the supply of the drug at least once each week.

C. Confidentiality.[90]

1. According to the American School Health Association National Task Force on Confidential Student Health Information, school personnel should consider all information (written, oral, or in electronic form) related to a specific student's physical, mental, and developmental health status as confidential.

2. Guidelines for Protecting Confidential Student Health Information
   a. Distinguish student health information from other types of school records.
   b. Extend to school health records the same protections granted medical records by federal and state law.
   c. Establish uniform standards for collecting and recording student health information.
   d. Establish district policies and standard procedures for protecting confidentiality during the creation, storage, transfer, and destruction of student health records.
   e. Require written, informed consent from the parent and, when appropriate, the student, to release medical and psychiatric diagnoses to other school personnel.
   f. Limit the disclosure of confidential health information within the school to information necessary to benefit student's health or education.
   g. Establish policies and standard procedures for requesting needed health information from outside sources and for releasing confidential health information, with parental consent, to outside agencies and individuals.
   h. Provide regular, periodic training for all new school staff, contracted service providers, substitute teachers, and school volunteers concerning the district's policies and procedures for protecting confidentiality.
   i. A school health record, which includes the student's medication log, is to be kept confidential. Health records are shared only with written parental consent.

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[89] Arlington Department of Human Services Public Health Division (2000). *Training for Administration of Medications by School Clinic Aides* (p.10). Arlington, Va.: Author.

[90] Adapted from: National Task Force on Confidential Student Health Information (2000). *Guidelines for Protecting Confidential Student Health Information* (pp. 18-19). Kent, Ohio: American School Health Association.

VIII. Conduct Post-Test

A. See "Medication Administration Test: Administering Medication to Students in Virginia Public Schools" in Appendix A.[91]

B. See "Test Key" in Appendix A.

[91] Adapted from: Iowa Department of Education (1995). *Administering Medications to Students in Iowa Schools: A Guide*. Des Moines, Iowa: Author.

Chapter 3
Post-Training Information

A. Documentation

1. The final step in the training for the administration of medication to public school students is documentation.

2. Documentation of training should include the following information.
   a. Dates and times that training took place.
   b. Summaries of training techniques employed, such as demonstration, written instructions, lecture, and so forth.
   c. The school nurse's evaluation of the delegate's readiness to perform the delegated task or activity.
   d. It is appropriate to have the delegate sign a document stating that he/she has undergone the training.[92]

B. Supervision

1. After the unlicensed assistive person has successfully completed the training in the administration of medication, the school nurse must provide on-going supervision during the period medications are being given.

2. Methods of supervision include:
   a. Periodic direct observation of the delegate providing the care.
   b. Periodic conferences in person.
   c. Telephone consultation.
   d. Review of the delegate's documentation of care. [93]

3. A plan of supervision must always include the components of periodic on-site observation and review of the delegate's documentation.
   a. If the supervising registered school nurse is not on-site, he or she must be available by telecommunication (telephone, cell phone, beeper).
   b. The supervising registered school nurse must be available in the school division while the unlicensed person is performing the task—the administration of medication.

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[92] Schwab, Nadine, Delegation and Supervision in School Settings, *Journal of School Nursing*, Vol. 12, Number 2, April 1996, pp. 14.

[93] Schwab, Nadine, Delegation and Supervision in School Settings, *Journal of School Nursing*, Vol. 12, Number 2, April 1996, pp. 14-15.

c. If the supervising registered school nurse is not available on a particular day, the school division must provide an alternative plan for supervision.[94]

C. Medication Policy Review: Sample

The following is a sample medication policy review that has been developed and implemented by a Virginia school division.[95]

1. Each September a yearly review of policies and procedures is completed by the registered school nurse and includes:
   a. General instructions to include review correct use of medication authorization form, pharmacy-labeled container, and recording forms.
   b. Review of school division policy.
   c. Demonstration of medication procedures by the registered nurse and return demonstration by the trainee using the pharmacy labels and authorization of medication form.
   d. The registered school nurse reviews the organization of the medication logbook and provides explanation of purpose of current daily, PRN, and emergency medications administered.
   e. Explanation of side effects and potential adverse reactions of all medication is provided.
   f. The registered school nurse also provides an explanation of any special procedures (e.g., nebulization, blood sugar monitoring).
   g. Information is provided on how to contact the registered nurse for consultation/emergency procedures and use of pager/beeper.
   h. The registered school nurse or the registered school nurse supervisor must be called at any time there are any questions regarding policy or procedure.
   i. The September training is documented.

2. Each January a mid-year review of policies and procedures to include:
   a. On-site six-month review of policy.
   b. Review of current medication.
   c. Review of policies and procedures.
   d. Documentation of completion of review.

[94] Schwab, Nadine, Delegation and Supervision in School Settings, Journal of School Nursing, Vol. 12, Number 2, April 1996, pp. 14-15.

[95] Arlington Department of Human Services, Public Health Division, School Health Bureau (Reviewed 2/2000). *Training for Administration of Medications by School Clinic Aides.* Arlington, Va.: Author.

Appendices

Appendix A:
Pre- and Post-Test

Medication Administration Test: Administering Medication to Students in Virginia Public Schools

Test Key

Medication Administration Test
Administering Medication to Students in Virginia Public Schools

PART I: TRUE OR FALSE—Circle appropriate response.

T F 1. Medication administration at school requires a parent's written consent.

T F 2. Medication may be stored in an unlocked cabinet if the school is locked.

T F 3. Record medication administration prior to giving the medication.

T F 4. When a student refuses to take a scheduled medication, you should report this immediately.

T F 5. Prescription medication is over-the-counter medication.

T F 6. Proper handwashing is very important in fighting the spread of germs.

T F 7. It is proper to put tablets and capsules in the student's hand if you are careful.

T F 8. Unwrap individually wrapped medication when you are ready to give the medication.

T F 9. Measure liquid medication at eye level to assure proper dosage.

T F 10. If you wash your hands first, you may apply topical medications—such as ointments, creams and lotions—using your fingers.

T F 11. If you are unsure about how to administer a medication, check with the school nurse before administering the medication.

T F 12. Report any change in the student's condition.

T F 13. The auto-injector pen may be administered through clothing.

T F 14. Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of drugs.

T F 15. School personnel may dispense prescription medication.

T F 16. In Virginia, a legal prescriber includes a pharmacist, physician, dentist, podiatrist, physician's assistant, and advanced registered nurse practitioner.

PART II: MULTIPLE CHOICE—Circle only <u>one</u> response.

17. Drugs are classified as:
    A. OTC
    B. Controlled substances
    C. Prescription medication
    D. All of the above

18. The first action you take when you are unclear about administering medication is:
    A. Check with the student
    B. Check with the licensed prescriber
    C. Do not administer the medication
    D. Use judgment

19. The record of medication administration includes:
    A. Name of the student
    B. Date
    C. Time medication is given
    D. All of the above

20. The student does not come for the medication on time. You should:
    A. Check with the classroom teacher, attendance office, or principal
    B. Call the student's parents
    C. Notify the school nurse immediately
    D. Call the physician

21. A student vomits after taking medication, you report:
    A. Student's name and age
    B. Medicine and dosage
    C. Time interval between medication administration and vomiting
    D. All of the above

22. You make a medication error. You should **immediately**:
    A. Report the error following school guidelines
    B. Fill out an incident report
    C. Induce vomiting
    D. Notify the student's parent and physician

23. To prevent the spread of germs, wash hands:

A. 1, 2, 5
B. 3, 4, 5
C. All of these
D. None of these

1. Before giving each student's medication
2. After giving each student's medication
3. At the beginning of the day
4. After using the restroom
5. Between giving each student medication
6. After removing gloves

24. Each time you give a medication you should:
    A. Perform proper hand-washing techniques
    B. Check the "**Five Rights**"
    C. Fill out the medication log
    D. All of the above

25. A student is taking two liquid medications. You do all **except**:
    A. Measure the liquid using a medicine cup
    B. Mix liquid medications in the same cup
    C. Hold the bottle with the label facing your palm
    D. Measure dosage at the bottom of the disc

26. Administration of eye drops includes:
    A. Approach from inside the student's field of vision
    B. Touch the eye with the dropper
    C. After administration the student closes their eyes for a few minutes
    D. Blot excess from the outside of the eye to the inside

27. Administration of the auto-injector medication in emergencies includes:
    A. Pull off safety cap
    B. Place tip on the student's thigh.
    C. Press auto-injector against thigh until mechanism activates
    D. All of the above

28. When administering ear drops:
    A. Pull the ear up and back for children
    B. Wait at least 1 minute before putting drops in the second ear
    C. Washing your hands is not necessary since chances of spreading germs are minimal
    D. All but C

29. Qualified school personnel may administer medication by injection:
    A. In situations where no previous training has occurred
    B. In emergency situations such as allergic reactions
    C. Both A and B
    D. None of the above

30. Monitoring student self-administration by inhaler does **not** include:
    A. Exhale immediately after inhalation for medication to settle
    B. Reminding the student to take medication
    C. Shaking the inhaler for two seconds
    D. Waiting 1 to 2 minutes before the second inhalation

31. The role of the qualified person to administer medication includes all **except**:
    A. Responsibility in following medication administration procedures
    B. Obtain medication information from the individualized healthcare plan
    C. No accountability for errors
    D. Know the specific instructions for each medication administered

32. The best definition of medication is:
    A. A synthetic and artificial substance prepared in labs from chemicals
    B. A substance to prevent, diagnose, cure, or relieve disease
    C. The generic name is designated and patented by the manufacturer
    D. A substance that is unlikely to produce adverse effects

33. Reliable sources of medication information include all of the following **except**:
    A. Phonology textbooks
    B. Drug reference books
    C. School nurse
    D. Pharmacist

34. List the "**Five Rights**" of medication administration and explain each one (10 points).

    1) _____

    2) _____

    3) _____

    4) _____

    5) _____

35. Name and explain what is often referred to as the "**Sixth Right"** of medication administration (2 points).

    _____

Test Key

PART I	**PART II**	
1. T	17. D	34. (1) Right Student:
2. F	18. C	Properly identifies the student.
3. F	19. D	(2) Right Time:
4. T	20. A	Administer medication at the prescribed time
5. F	21. D	(3) Right Medicine:
6. T	22. A	Administration of the correct medication
7. T	23. C	(4) Right Dose:
8. T	24. D	Administration of the right amount of
9. T	25. B	medication
10. F	26. C	(5) Right Route:
11. T	27. D	Use the prescribed method of medication
12. T	28. D	administration
13. T	29. B	**(One point each for rights and description for**
14. T	30. A	**a total of 10 points).**
15. F	31. C	
16. F	32. B	35. Right Documentation: Record and report the
	33. A	five rights of medication administration.
		Include the student's name, time, medication,
		dose, route, date, name of person administering
		the medication, and unusual observations and
		circumstances.
		(One point for the right and one point for the
		description for a total of 2 points).
Total Score :		
Possible: 45 Points		
Score of 38 Points = 85% mastery		

Appendix B:
Code of Virginia: Related Sections

§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.

§ 8.01-226.5:1. Civil immunity for school board employees supervising self-administration of asthma medication.

§ 22.1-274. School health services.

§ 22.1-274.2. Possession and self-administration of inhaled asthma medications by asthmatic students.

§ 54.1-2901. Exceptions and exemptions generally.

§ 54.1-3001. Exemptions.

§ 54.1-3005. Specific powers and duties of Board.

§ 54.1-3408. (Effective January 1, 2001) Professional use by practitioners.

§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

…

9. Is an employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1, assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a school board is covered by the immunity granted herein, the school board employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

§ 8.01-226.5:1. Civil immunity for school board employees supervising self-administration of asthma medication.

A. Any school principal or other employee of a school board who, in good faith, without compensation, and in the absence of gross negligence or willful misconduct, supervises the self-administration of inhaled asthma medications by a student, pursuant to § 22.1-274.2, shall not be liable for any civil damages for acts or omissions resulting from the supervision of self-administration of inhaled asthma medications by such student.

B. For the purposes of this section, "employee" shall include any person employed by a local health department who is assigned to a public school pursuant to an agreement between a local health department and a school board.

§ 22.1-274. School health services.

A. A school board shall provide pupil personnel and support services, in compliance with § 22.1-253.13:2. A school board may employ school nurses, physicians, physical therapists, occupational therapists and speech therapists. No such personnel shall be employed unless they meet such standards as may be determined by the Board of Education. Subject to the approval of the appropriate local governing body, a local health department may provide personnel for health services for the school division.

B. In implementing subsection C of § 22.1-253.13:2, relating to providing support services which are necessary for the efficient and cost-effective operation and maintenance of its public schools, each school board may strive to employ, or contract

with local health departments for, nursing services consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1, 1999. In those school divisions in which there are more than 1,000 students in average daily membership in school buildings, this section shall not be construed to encourage the employment of more than one nurse per school building. Further, this section shall not be construed to mandate the aspired-to ratios.

C. The Board of Education shall monitor the progress in achieving the ratios set forth in subsection B of this section and any subsequent increase in prevailing statewide costs, and the mechanism for funding health services, pursuant to subsection E of § 22.1-253.13:2 and the appropriation act. The Board shall also determine how school health funds are used and school health services are delivered in each locality and shall provide, by December 1, 1994, a detailed analysis of school health expenditures to the House Committee on Education, the House Committee on Appropriations, the Senate Committee on Education and Health, and the Senate Committee on Finance.

D. With the exception of school administrative personnel and persons employed by school boards who have the specific duty to deliver health-related services, no licensed instructional employee, instructional aide, or clerical employee shall be disciplined, placed on probation or dismissed on the basis of such employee's refusal to (i) perform nonemergency health-related services for students or (ii) obtain training in the administration of insulin and glucagon. However, instructional aides and clerical employees may not refuse to dispense oral medications.
For the purposes of this subsection, "health-related services" means those activities which, when performed in a health care facility, must be delivered by or under the supervision of a licensed or certified professional.

E. Each school board shall ensure that, in school buildings with an instructional and administrative staff of ten or more, (i) at least two employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and (ii) if one or more students diagnosed as having diabetes attend such school, at least two employees have been trained in the administration of insulin and glucagon. In school buildings with an instructional and administrative staff of fewer than ten, school boards shall ensure that (i) at least one employee has current certification in cardiopulmonary resuscitation or has received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation and (ii) if one or more students diagnosed as having diabetes attend such school, at least one employee has been trained in the administration of insulin and glucagon. "Employee" shall include any person employed by a local health department who is assigned to the public school pursuant to an agreement between the local health department and the school board. When a registered nurse, nurse practitioner, physician or physician assistant is present, no employee who is not a registered nurse, nurse practitioner, physician or physician assistant shall assist with the administration of insulin or administer glucagon. Prescriber authorization and parental consent shall be obtained

for any employee who is not a registered nurse, nurse practitioner, physician or physician assistant to assist with the administration of insulin and administer glucagon.

§ 22.1-274.2. Possession and self-administration of inhaled asthma medications by asthmatic students.

A. Effective on July 1, 2000, local school boards shall develop and implement policies permitting a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications during the school day, at school-sponsored activities, or while on a school bus or other school property. Such policies shall include, but not be limited to, provisions for:

1. Written consent of the parent, as defined in § 22.1-1, of a student with a diagnosis of asthma that the student may self-administer inhaled asthma medications.

2. Written notice from the student's primary care provider or medical specialist, or a licensed physician or licensed nurse practitioner that (i) identifies the student; (ii) states that the student has a diagnosis of asthma and has approval to self-administer inhaled asthma medications that have been prescribed or authorized for the student; (iii) specifies the name and dosage of the medication, the frequency in which it is to be administered and certain circumstances which may warrant the use of inhaled asthma medications, such as before exercising or engaging in physical activity to prevent the onset of asthmatic symptoms or to alleviate asthmatic symptoms after the onset of an asthmatic episode; and (iv) attests to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications.

3. Development of an individualized health care plan, including emergency procedures for any life-threatening conditions.

4. Consultation with the student's parent before any limitations or restrictions are imposed upon a student's possession and self-administration of inhaled asthma medications, and before the permission to possess and self-administer inhaled asthma medications at any point during the school year is revoked.

5. Self-administration of inhaled asthma medications to be consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manuals, which are jointly issued by the Department of Education and the Department of Health.

6. Disclosure or dissemination of information pertaining to the health condition of a student to school board employees to comply with §§ 22.1-287 and 22.1-289 and the federal Family Education Rights and Privacy Act of 1974, as amended, 20 U.S.C. § 1232g, which govern the disclosure and dissemination of information contained in student scholastic records.

B. The permission granted a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications shall be effective for one school year. Permission to possess and self-administer inhaled asthma medications shall be renewed annually. For the purposes of this section, "one school year" means 365 calendar days.

§ 54.1-2901. Exceptions and exemptions generally.

The provisions of this chapter shall not prevent or prohibit:

…

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia.

§ 54.1-3001. Exemptions.

This chapter shall not apply to the following:

…

9. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia.

§ 54.1-3005. Specific powers and duties of Board.

…

14. To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication; and

§ 54.1-3408. (Effective January 1, 2001) Professional use by practitioners

A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title shall only prescribe, dispense, or administer

controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the scope of such certification. A prescriber may authorize a certified respiratory therapy practitioner as defined in § 54.1-2954 to administer by inhalation controlled substances used in inhalation or respiratory therapy.

Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of the medication.

A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of

vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) a resident of a facility licensed or certified by the State Mental Health, Mental Retardation and Substance Abuse Services Board; (ii) a resident of any assisted living facility which is licensed by the Department of Social Services; (iii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iv) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (v) a program participant of an adult day-care center licensed by the Department of Social Services; or (vi) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services.

In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

Nothing in this title shall prohibit the administration of normally self-administered oral or topical drugs by unlicensed individuals to a person in his private residence.

This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

Nothing in this title shall prevent dialysis care technicians, in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions and sterile normal saline solution for the purpose of facilitating renal dialysis treatment, provided such administration of medications occurs under the orders of a licensed physician and under the immediate and direct supervision of a licensed registered nurse. The dialysis care technician administering the medications must have been trained in renal dialysis practices and

procedures by a licensed nurse, and must have demonstrated competency as evidenced by satisfactory completion of a training program in accordance with the Core Curriculum for the Dialysis Technician, also known as the Amgen Core Curriculum, or a comparable education and training curriculum.

Appendix C:
Universal Precautions for Handling Blood/Body Fluids in School

Universal Precautions for Handling Blood/Body Fluids in School

(Reprinted with permission from:
Keen, T.P. and Ford, N. (Eds.) with Cox, A.W., Henry, J.K., and Smith, G.P. (1999). *Virginia School Health Guidelines* (pp.573-582). Richmond, Va.: Virginia Department of Health.)

Authorization

Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standard. The following guidelines are designed to protect persons who may be exposed to blood or body fluids of students or employees in a school. Please refer to the Occupational Safety and Health Administration (OSHA) Final Bloodborne Pathogens Standard for the most recent requirements.

Overview

Anticipating Potential Contact. Anticipating potential contact with infectious materials in routine and emergency situations is the most important step in preventing exposure to and transmission of infections. Use universal precautions and infection control techniques in all situations that may present the hazard of infection. Diligent and proper handwashing, the use of barriers (e.g., latex or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

Applying the Concept of Universal Precautions. When applying the concept of universal precautions to infection control, all blood and body fluids are treated as if they contain bloodborne pathogens, such as the human immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:

- Blood
- Spinal fluid
- Synovial fluid
- Vaginal secretions
- Semen
- Pericardial fluid
- breast milk
- Peritoneal fluid
- Amniotic fluid
- Pleural fluid

Hepatitis B Virus (HBV). HBV (not HIV) is also found in saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces. It is not possible to know whether these body fluids contain bloodborne pathogens therefore, **all body fluids should be considered potentially infectious.** Thus universal precautions should be

observed by all students and staff when handling or coming into contact with any blood or body fluids.

Handwashing

Diligent and proper handwashing is an essential component of infection control. Hands should be washed:

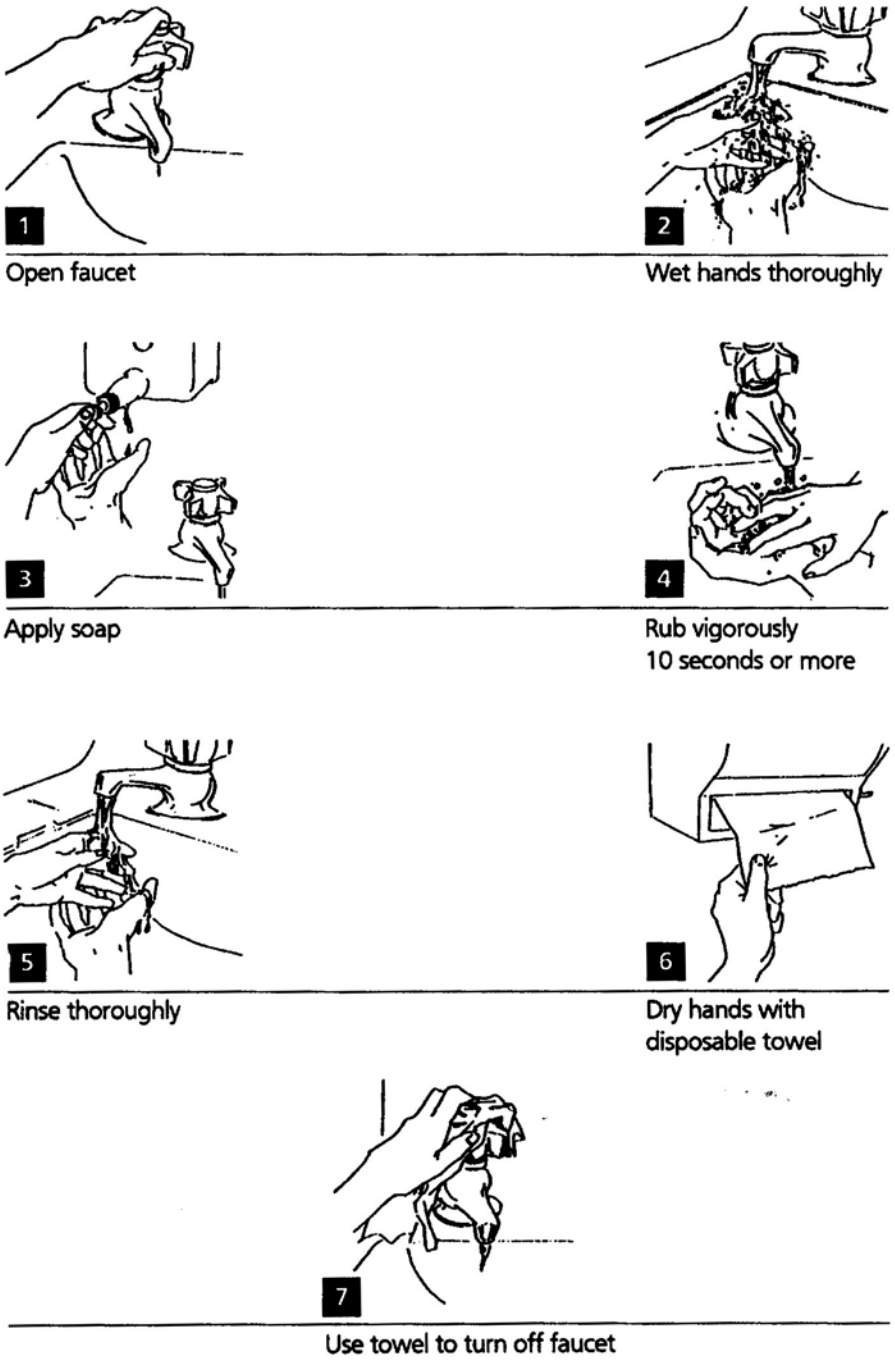
- Immediately before and after physical contact with a student (e.g., diaper changes, assisting with toileting, assisting with feeding).
- Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood.
- After contact with used equipment (e.g., stethoscope, emesis basin, gloves).
- After removing protective equipment, such as gloves or clothing.

Procedure.

1. Remove jewelry and store in a safe place prior to initial handwashing (replace jewelry after final handwashing).
2. Wash hands vigorously with soap under a stream of running water for approximately 10 seconds.
3. Rinse hands well with running water and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, "handi-wipes," or instant hand cleaner may be used.

Please see detailed instructions in Figure 1, Eight Steps to Proper Handwashing, for detailed handwashing instructions.

Figure 1. Eight Steps to Proper Handwashing [96]



[96] From *Resource Manual for the Prevention of HIB/HBV Viruses* by Maryland State Department of Education, 1991.

Ways to Avoid Contact with Body Fluids

Gloves. When possible, avoid direct skin contact with body fluids. Disposable single-use, waterproof, latex, or vinyl gloves should be available in school clinics. Vinyl gloves should be used with students who have a latex allergy or a high potential for developing a latex allergy, such as students with spina bifida. The use of gloves is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee to employee.

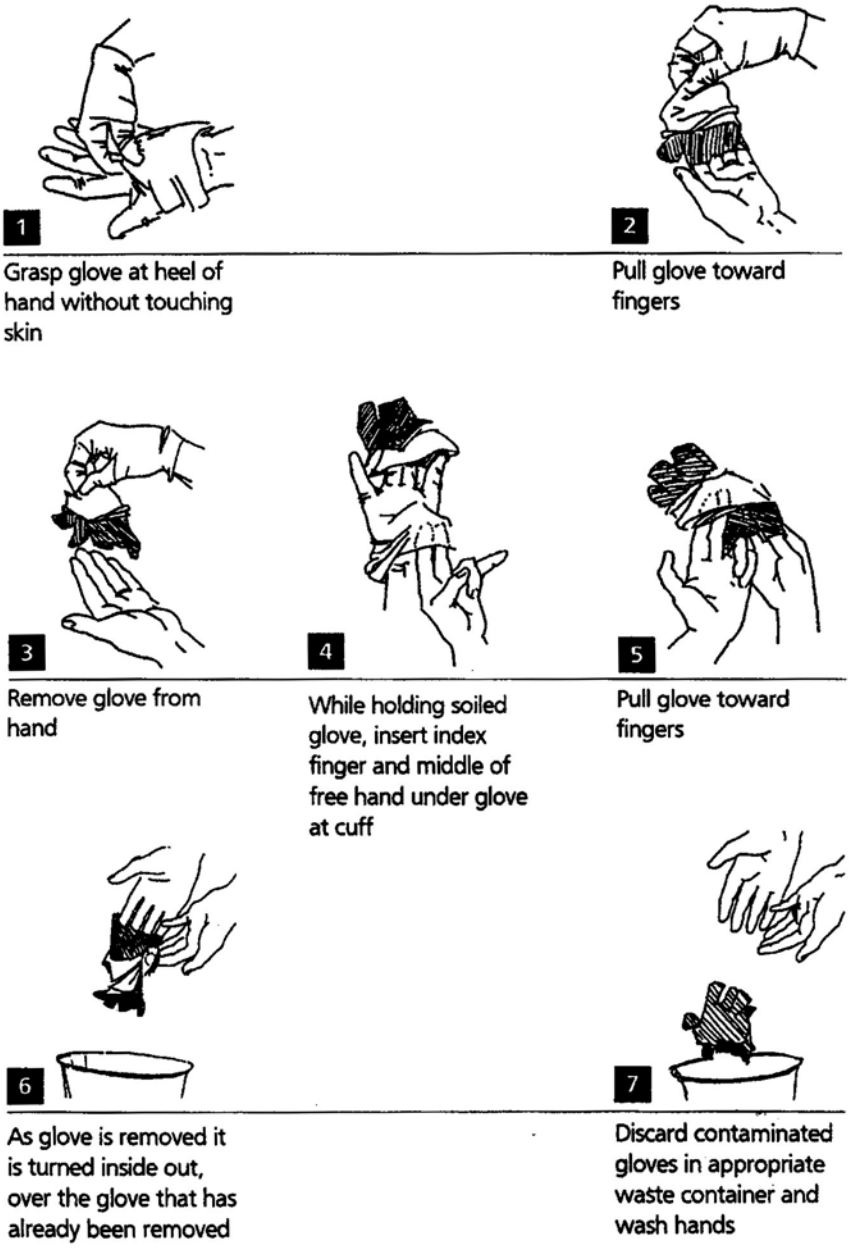
Gloves should be worn when direct care may involve contact with any type of body fluids. Incidents when gloves should be worn include (but are not limited to) caring for nose bleeds, changing a bandage or sanitary napkins, cleaning up spills or garments soiled with body fluids, disposing of supplies soiled with blood, or any procedure where blood is visible. Gloves should also be worn when changing a diaper, catheterizing a student, or providing mouth, nose or tracheal care.

Do Not Reuse Gloves. After each use, gloves should be removed without touching the outside of the glove and disposed of in a lined waste container. After removing the gloves, the hands should be washed according to the handwashing procedure. (See Figures 2. Proper Removal of Gloves.)

Protective Clothing. If spattering of body fluids is anticipated, the clothing of the caregiver should be protected with an apron or gown and the face protected with a face-mask and eye goggles or face shield. The apron or gown should be laundered or disposed of after it is used and should not be used again until it is clean. The goggles and mask should be disposed of properly.

Shield for Rescue Breathing. If it is necessary to perform rescue breathing, a one-way mask or other infection control barrier should be used. However, rescue breathing should not be delayed while such a device is located.

Figure 2. Proper Removal of Gloves [97]



[97] From *Resource Manual for the Prevention of HIB/HBV Viruses* by Maryland State Department of Education, 1991.

Disposal of Infectious Waste

Contaminated Supplies. All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, Band-Aids), except syringes, needles, and other sharp implements, should be placed into a plastic bag and sealed. This bag can be thrown into the garbage, out of reach of children or animals.

Used Needles, Syringes, And Other Sharp Objects. Make arrangements to dispose of used needles, syringes, and other sharp objects at a local medical facility or health department. Needles, syringes, and other sharp objects should be placed **immediately after use** in a metal or other puncture-proof container that is leak proof on the bottom and sides. To reduce the risk of a cut or accidental puncture by a needle, NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL. Once it is full, the container should be sealed, bagged, and kept out of the reach of children until it can be disposed of properly.

Body Waste. Body waste (e.g., urine, vomitus, and feces) should be disposed of in the toilet. If such body fluids as urine and vomitus are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

Clean-Up

Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.

Procedure.
1. Wear gloves. (See "Ways to Avoid Contact with Body Fluids" on previous page.)
2. Mop up spill with absorbent material.
3. Wash the area well, using the disinfectant cleaner supplied in the clinics or a 1:10 bleach solution (mix 1 part household bleach, sodium hypochlorite, in ten parts of water). Replace solution daily.
4. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as already indicated.
5. WASH HANDS.

Routine Environmental Clean-Up Facilities. Routine environmental clean-up facilities (e.g., clinic and bathrooms) do not require modification unless contaminated with blood or body fluids. If so, the area should be decontaminated using the procedure outlined. Regular cleaning of noncontaminated surfaces, such as toilet seats and table tops, can be done with the standard cleaning solutions or the 1:10 bleach solution described above.

Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.

Cleaning Tools. Rooms and dustpans must be rinsed in disinfectant. Mops must be soaked in disinfectant, washed, and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Laundry. Whenever possible, disposable barriers (e.g., disposable gloves and gowns) should be used if contamination with blood or body fluids is possible. If sheets, towels, or clothing become soiled, they should not be handled more than necessary. Wash contaminated items with hot water and detergent for at least 25 minutes. Presoaking may be required for heavily soiled clothing. The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and hot water.

Soiled student clothing should be rinsed using gloves, placed in a plastic bag, and sent home with appropriate washing instructions for the parents.

Accidental Exposure

Accidental exposure to blood, body products, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenzae virus vs. HIV), and the integrity of the skin that is contaminated.

Procedure.

1. Always wash the contaminated area **immediately** with soap and water.
2. If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate or wash area thoroughly.
3. If a cut or needle injury occurs, wash the skin thoroughly with soap and water.

In instances where broken skin or mucous membranes, or a needle puncture occur, the caregiver should document the incident. The student's parent or guardian should also be notified. The person who was exposed to the infection should contact his/her health care provider for further care as outlined in the recommendations by the Centers for Disease Control and Prevention (CDC).

Pregnant Women

Pregnant women are at no higher risk for infection than other caregivers, as long as appropriate precautions are observed. There is, however, the possibility of in utero transmission of viral infections, such as cytomegalovirus (CMV), HIV, or HBV to unborn children.

Guidelines for Exposure Policy Development

As of 1992, all school divisions, should have an exposure policy as mandated in the Virginia Department of Labor and Industry's *Occupational Exposure to Bloodborne Pathogens; Final Rule (1992).* For assistance concerning an exposure policy, contact the Virginia Department of Labor and Industry's Regional Office.

Department of Labor and Industry
Powers-Taylor Building
13 South Thirteenth Street
Richmond, VA 23219
Telephone: (804) 371-2327
Fax: (804) 371-2324
TDD: (804) 786-2376
E-mail: jap@doli.state.va.us

Resource

Bradley, B. (1994). *Occupational Exposure to Bloodborne Pathogens, Implementing OSHA Standards in the School Setting*. Scarborough, Maine: National Association of School Nurses.

Appendix D:
Sample Forms

Medication Incident Report

Medication Log

Medication Permission Forms

Annual Contract For Self-Administration of Inhaled Medication For Asthma

Weekly Refrigerator Log

MEDICATION INCIDENT REPORT

A medication incident is defined as any incorrect administration of a medication, i.e., an incorrect dosage, drug, route, incorrect time of administration, or giving to incorrect student. (We allow ½ hour leeway before or after time prescribed.)

Date of Report _____ School _____ Prepared by _____

Name of Student _____ Date of Birth _____ Sex _____ Grade ___

Date & time incident occurred _____

Person Administering Medication _____
(Name) (Title)

Licensed Prescriber _____
(Name) (Address)

Reason medication was prescribed
_____

Date of Order _____ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled Time _____

Describe the incident and how it occurred (use reverse side if necessary)

Action Taken

Parent/guardian notified: Date _____ Time _____

Principal notified: Date_____ Time _____

Follow-up information
_____

Outcome:

Name _____ _____ _____ _____
Type or Print Signature Title Date

HENRICO COUNTY PUBLIC SCHOOLS

1. Record time(s) & initial in box when medication is given.
2. Record "AB" if student absent, "FT" Field Trip; "NM" No medication
3. Include form in health record if pupil transfers to another school.

MEDICATION LOG

School _____

Student Name _____

Clinic Attendant/Nurse _____

Grade _____ HR: _____

DIAGNOSIS	PHYSICIAN'S NAME	MEDICATION	DIRECTIONS FOR ADMINISTERING	SIDE EFFECTS

2000-01	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
SEPT.	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29					
TIMES/ INITIAL	H													½											
OCT.	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30	31			
TIMES/ INITIAL						H																			
NOV.			1	2	3	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30	
TIMES/ INITIAL							H							½					H	H					
DEC.					1	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25	26	27	28	29
TIMES/ INITIAL																H	H	H	H	H	H	H	H	H	H
JAN.	1	2	3	4	5	8	9	10	11	12	15	16	17	18	19	22	23	24	25	26	29	30	31		
TIMES/ INITIAL	H										H										H				
FEB.				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28		
TIMES/ INITIAL																H									
MARCH				1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
TIMES/ INITIAL														½											
APRIL	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20	23	24	25	26	27	30				
TIMES/ INITIAL		½				H	H	H	H	H															
MAY		1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	31	
TIMES/ INITIAL																					H				
JUNE					1	4	5	6	7	8	11	12	13	14	15	18									
TIMES/ INITIAL																									

MEDICATION PERMISSION FORM

Received **Medication #** **Received From**

OVER-THE-COUNTER MEDICATION REQUEST

Student: _____ DOB: _____

Name of Medication: _____

Specific time(s) and dose(s) to be given at school: _____

_____

Length of time to be given: _____

Reason(s) medication is to be given: _____

_____

I, _____, the parent/legal custodian of _____, request that the clinic attendant/school nurse or principal's designees administer the above medication to _____ during school hours and at the times indicated. I agree to furnish said medication in the **ORIGINAL** container supplied by the pharmacy with the label intact. I understand and accept that the Henrico County School Board, its employees, agents or designees are not responsible for any effects of the medication administered. Any nonprescription medication that is to be given for more than three (3) consecutive school days must be authorized in writing by a physician.

Date _____ _____

Signature of Parent/Legal Custodian

TO BE COMPLETED BY PHYSICIAN

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during school hours and that this medication may be administered by school personnel.

Prescription:

Medication _____

Dosage & Time _____

Duration _____

Date of Prescription _____

Diagnosis requiring medication _____

Date _____ _____

Signature of Physician

TO BE COMPLETED BY PARENT/LEGAL CUSTODIAN

I, _____, the parent or legal custodian of _____, request that the clinic attendant/school nurse or principal's designees administer the above medication to _____ during the school hours and at the times indicated. I agree to furnish said medication in the **ORIGINAL** container supplied by the pharmacy with the label intact. I understand and accept that the Henrico County School Board, its employees, agents or designees are not responsible for any effects of the medication administered.

Date _____ _____

Signature of Parent/Legal Custodian
Home Tel. No. _____
Work Tel. No. _____

NOTE: PLEASE RETURN THIS FORM WITH MEDICATION OR HAVE YOUR PHYSICIAN MAIL OR FAX IT BACK TO YOUR CHILD'S SCHOOL, ATTN: CLINIC ATTENDANT/SCHOOL NURSE

Revised 7/97

Parental Consent and Licensed Prescriber Authorization For Administering Medication

(Use a separate authorization form for each medication.)

Parental Consent

Student's Last Name:_____ First Name:_____ M.I. _____

Student Number _____ Grade _____ Date of Birth:____ | ___ | ___

Allergies: _____

Parental Consent

I am the parent or guardian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

_____ _____ _____

Parent/Guardian Signature Daytime Phone Date

Medication Authorization

(For Use By Licensed Prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dates medication must be administered at school:

_____Short Term (List dates to be given): _____

_____Every Day at school

_____Episodic/Emergency Events ONLY

Dosage (Amount): _____ Route: _____ Form: _____ Time(s) of Day:_____

A. Serious reactions can occur if the medication is not given as prescribed:____ YES ____ NO

If yes, describe: _____

_____

B. Serious reactions/adverse side effects from this medication may occur: ____ YES ___ NO

If yes, describe: _____

_____

Action/Treatment for reactions: _____

Report to you: ___ YES ____NO (Drug information sheet may be attached.)

Special Handling Instructions: ____Refrigeration ___Keep out of sunlight ____ Other _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

____ NO ____ YES—Supervised ____ YES—Unsupervised

This student may carry this medication: ____ NO ____ YES

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

Licensed Prescriber's Signature _____ Date _____

ANNUAL CONTRACT FOR SELF-ADMINISTRATION OF INHALED MEDICATION FOR ASTHMA

PHYSICIAN OR PRESCRIBER

Name of Student_____Grade/Room_____

Name of Medication _____

Frequency of Use_____

Duration of Order _____

Health Care Plan or Action Plan, specific for the student is provided for the school. (This plan is required by state code.) Yes_____ No_____

Any directions or comments specific to the student. What is the recommended emergency response?

_____

_____

_____ _____ _____

Physician's signature_____ Phone Date

.....

PARENT/GUARDIAN

I have provided the school with the orders and health care plan from the physician. I understand that I will not hold the school board or its employees responsible for any negative outcomes from self-administration of the inhaled asthma medication. Further more, I understand that the principal may revoke the permission to possess and self administer inhaled asthma medication for the remainder of the school year, if it is determined that my student is not safely and effectively self –administering the inhaled medication.

_____ _____ _____

Parent/Guardian's signature Phone Number Date

.....

TO BE COMPLETED BY THE SCHOOL NURSE

SCHOOL NURSE CHECKLIST: Documentation of this agreement is on file in the school clinic.

_____Prescribed orders _____Demonstrated ability by the student

_____Action Plan _____Parent signature

_____Emergency Plan _____Teacher(s) informed

WEEKLY REFRIGERATOR LOG

School: _____
School Year: _____

DATE	TEMPERATURE	DATE	TEMPERATURE

Revised 5/95

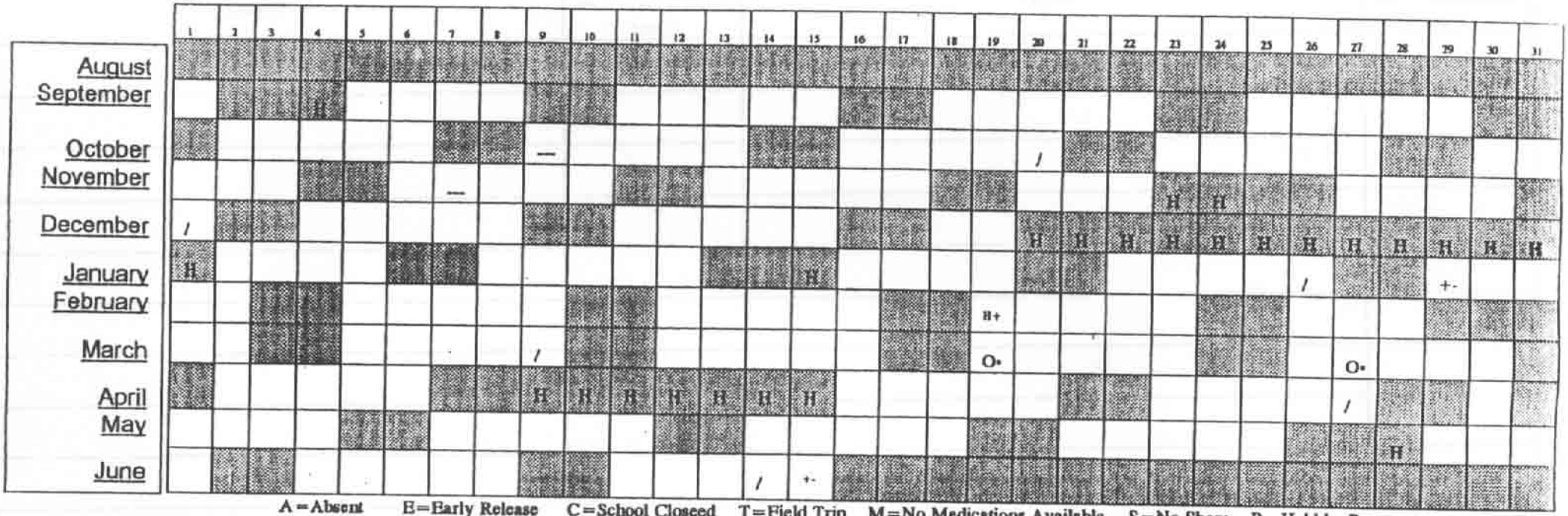
STUDENT MEDICATION LOG

School Year 2000-2001

Student Name _____ Teacher/Rm # _____

DOB _____ Medication _____ Dose _____ Time _____

Instructions _____



A=Absent E=Early Release C=School Closeed T=Field Trip M=No Medications Available S=No Show R=Held by Request

Initials	Signature	Date	No. Received	Initials	Date	No. Received	Initials

U:\DOCUMENT\HealthServices\YearlyFormTemplates\studentmedlog.doc

Student Name_____ DOB_____

MEDICATION NOTES

Month/Day/Year Time	Notes:	Month/Day/Year Time	Notes:

Date	No. Disposed	Initials	Date	No. Disposed	Initials	Date	No. Disposed	Initials